

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90085 041 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                               |                                                                   |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000006989</b><br>1. Entity Name<br><b>1904 OLD BAINBRIDGE LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                               |                                                                   |                                                     |  |
| Principal Place of Business<br><b>310 BLOUNT ST. SUITE #108<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                               | Mailing Address<br><b>P.O. BOX 15694<br/>TALLAHASSEE FL 32317</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                   |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | City & State                                  |                                                                   | 4. FEI Number<br><b>20-4173631</b>                                                                                                   |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | Zip Country                                   |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PAGOZALSKI, MIKE<br/>310 BLOUNT ST. SUITE #108<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                               |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                    |                                               |                                                                   |                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                               |                                                                   |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                               |                                                                   |                                                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                               | 10. ADDITIONS/CHANGES                                             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>PAGOZALSKI, MIKE<br>P.O. BOX 15694<br>TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ROSEN, PETER<br>P.O. BOX 15694<br>TALLAHASSEE FL 32317     | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>CALDWELL, DUSTIN<br>P.O. BOX 15694<br>TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>                                                           | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>                                                           | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>                                                           | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                    |                                               |                                                                   |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                               |                                                                   |                                                                                                                                      |  |