## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000052956 1. Entity Name THE GOLF CLUB AT BRIDGEWATER, L.L.C.

## FILED Jan 25, 2008 08:00 A Secretary of State

Principal Place of Business 737 MAIN STREET, SUITE 201 SAFETY HARBOR, FL 34695

| |-|

Mailing Address 737 MAIN STREET, SUITE 201 SAFETY HARBOR, FL 34695



DATE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777 01182008 No Chg-LLC

4. FEI Number 20-5508640 CR2E083 (12/07)

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

# DO NOT WRITE IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

### SIGNATURE

Signature, typed or printed name of registered agent and tile if applicable.

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	WHITE, DOUGLAS	
STREET ADDRESS	737 MAIN STREET, SUITE 201	,
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		UQ0000797814
NAME		01/30/08-80004-004 138.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.		
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 1-21-2008 727-726-9533		
SIGNATURE AND TYPED OF DEMOTTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date		