

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052956

FILED  
May 19, 2009  
Secretary of State

**Entity Name:** THE GOLF CLUB AT BRIDGEWATER, L.L.C.

**Current Principal Place of Business:**

6200 STATE RD 33 NORTH  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

6200 STATE RD 33 NORTH  
LAKELAND, FL 33805

**New Mailing Address:**

5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33602

FEI Number: 20-5508640      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEVEN W. MOORE, P.A.  
8200 BRYAN DAIRY ROAD, SUITE 300  
LARGO, FL 33777      US

**Name and Address of New Registered Agent:**

REED, JAMES M  
5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33602      US

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.

SIGNATURE: JAMES M REED

05/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WHITE, DOUGLAS  
Address: 737 MAIN STREET, SUITE 201  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: THE DIRTY FIVE, LLC  
Address: 142 W PLATT STREET  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JAMES M REED

RA

05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date