

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000561

Entity Name: CENTERBRIDGE, LLC

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

9902 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9902 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 20-8236170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARTZI, STEVEN D  
9902 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446 US

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

LOUIS, JONATHAN  
7777 GLADES ROAD  
315-B  
BOCA RATON, FL 33434 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: JONATHAN LOUIS

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARTZI, STEVEN D  
Address: 9902 SAVONA WINDS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Delete  
Name: KOCH, PAUL  
Address: 625 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOUIS, JONATHAN  
Address: 7777 GLADES ROAD, SUITE 315-B  
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN LOUIS

MGRM

01/27/2009

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