

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020734

FILED
Jan 13, 2009
Secretary of State

Entity Name: BRIDGEWAY TECHNOLOGY, LLC

Current Principal Place of Business:

5325 VISTA CLUB ROAD
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

800 CONCOURSE PARKWAY SOUTH
SUITE 195
MAITLAND, FL 32751 US

New Mailing Address:

5325 VISTA CLUB ROAD
SANFORD, FL 32771 US

FEI Number: 20-8533711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONSTANTINOV, IVO
5325 VISTA CLUB ROAD
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KONSTANTINOV, IVO
Address: 5325 VISTA CLUB ROAD
City-St-Zip: SANFORD, FL 32771 US

Title: MGR () Delete
Name: THEISEN, COLBY
Address: 1753 CHERRY RIDGE DRIVE
City-St-Zip: HEATHROW, FL 32746 US

Title: MGR () Delete
Name: KASSABOV, PETER R
Address: 851 VIRGINIA DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

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

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

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: PETER R. KASSABOV

MGR

01/13/2009

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