


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90087 023 ***138.75

DOCUMENT # L07000061232 1. Entity Name BRIDGES MODEL VILLAS TIC - PHELPS, LLC																	
Principal Place of Business 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619			Mailing Address 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country		4. FEI Number Chg-LLC CR2E083 (12/06) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>STEPHEN P. PHELPS & SVETIANA S. PHELPS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5051 ARCHCREST WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SACRAMENTO, CA 95835</td> <td></td> </tr> </table>		TITLE	MGRM <input type="checkbox"/> Delete		NAME	STEPHEN P. PHELPS & SVETIANA S. PHELPS		STREET ADDRESS	5051 ARCHCREST WAY		CITY-ST-ZIP	SACRAMENTO, CA 95835	
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <i>Stephen P. Phelps</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/18/08 9/6 4/9-1854 Date Daytime Phone #															