

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120230

FILED
Apr 26, 2012
Secretary of State

Entity Name: BRIDGE STREET PARKING, LLC

Current Principal Place of Business:

11 CADIZ STREET
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

11 CADIZ STREET
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 26-1497918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS-RUDE, JACQUELYN
11 CADIZ STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WARREN, ANDREW
146 AVIENDA MENENDEZ
SAINT AUGUSTINE, FL 32084 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: ANDREW WARREN

04/26/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CONSTANT, MARK
Address: 340 CHARLOTTE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM
Name: CONSTANT, KERRIANNE
Address: 340 CHARLOTTE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGR
Name: SONIA, JEFFREY
Address: 21 AVILES STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGR
Name: BAYFRONT WESTCOTT HOUSE LLC
Address: 146 AVIENDA MENENDEZ
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGR
Name: RUDE, MARC
Address: 11 CADIZ STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM
Name: HARRIS-RUDE, JACQUELYN
Address: 11 CADIZ STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

I hereby 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: ANDREW WARREN

MGR

04/26/2012

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