

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075299

FILED
Feb 09, 2009
Secretary of State

Entity Name: BRIDGEWATER BUILDERS, LLC

Current Principal Place of Business:

9700 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

2709 WHARTON CIRCLE
TALLAHASSEE, FL 32312

Current Mailing Address:

9700 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

PO BOX 13792
TALLAHASSEE, FL 32317

FEI Number: 26-3108406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, WILLIAM C JR.
221 DELTA COURT
SUITE 2
TALLAHASSEE, FL 32303 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: BRIDGES, DARON E
Address: 9700 MOCCASIN GAP ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: BRIDGES, STEPHANIE J
Address: 9700 MOCCASIN GAP ROAD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRIDGES, DARON E
Address: PO BOX 13792
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR (X) Change () Addition
Name: BRIDGES, STEPHANIE J
Address: PO BOX 13792
City-St-Zip: TALLAHASSEE, FL 32317

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: STEPHANIE BRIDGES

MGR

02/09/2009

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