

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90017 012 \*\*\*\*50.00

<b>DOCUMENT # L99000004605</b> 1. Entity Name <b>BLACKBRIDGE PARTNERS, L.L.C.</b>					
Principal Place of Business <b>4300 NORTH UNIVERSITY DRIVE, D-103 LAUDERHILL, FL 33351</b>			Mailing Address <b>4300 NORTH UNIVERSITY DRIVE, D-103 LAUDERHILL, FL 33351</b>		
2. Principal Place of Business <b>1700 NW 66 Ave</b> Suite, Apt. #, etc. <b># 102</b>		3. Mailing Address <b>1700 NW 66 Ave</b> Suite, Apt. #, etc. <b># 102</b>			
City & State <b>Plantation, FL</b> Zip <b>33313</b> Country <b>USA</b>		City & State <b>Plantation, FL</b> Zip <b>33313</b> Country <b>USA</b>		4. FEI Number <b>65-1100337</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE, D-103 LAUDERHILL, FL 33351</b>			7. Name and Address of New Registered Agent Name <b>William M. Murphy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1700 NW 66 Ave</b> <b># 102</b> City <b>Plantation</b> <b>FL</b> <b>33313</b>		
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 <b>William M. Murphy</b> <b>4/4/06</b> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE, D-103 LAUDERHILL, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William M. Murphy 1700 NW 66 Ave #102 Plantation, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <b>William Murphy</b> <b>4/4/06</b> <b>954 746-2201</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					