2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900004605

1. Entity Name

BLACKBRIDGE PARTNERS, L.L.C.



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90027 017 ****50.00

				WE YE						
Principal Plac	e of Business	Mailing Address								
4300 NORTH UNIVERSITY DRIVE. D-103 LAUDERHILL FL 33351			4300 NORTH UNIVERSITY DRIVE. D-103 LAUDERHILL FL 33351							
2. Principal F	Place of Business	3. Mailing Addres	99							
	.acc of Bushiness	or making resorts								
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Numl	ber 65-110033	7		pplied For ot Applicable	
Zip	Zip Country		Zip Country		5. Certificat	e of Status Desired		\$5.00 Ad Fee Require		
	6. Name and Address of Cu	rrent Registered Agent			7. Name an	d Address of New R	egistered /	Agent		
MURPHY, WILLIAM M				Name						
430	o north University Drive Derhill FL 33351	, D-103	i		Street Address (P.O. Box Number is Not Acceptable)					
	•			City	·		FL	Zip Cod	de	
8. The above	named entity submits this statem	ent for the nurpose of char	nging its register	d office or registe	ared agent, or hi	oth, in the State of Flor		' iamiliar with	and accont	
the obligat	ions of registered agent.	site for the purpose of situal	nging to register	a omee or registe	area agent, or or	on, in the state of Flor	ida. Fairi	anima witi	, and accept	
SIGNATURE .										
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	d Agent signature require	ed when reinstating)		DATE			
				FEE IS \$50.00					1	
		Make Check		orida Departme	ent of State					
			Due By Ma	ay 1, 2003						
9.		EMBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	☐ Del						Change	Addition	
NAME STREET ADDRESS 4300 NORTH UNIVERSITY DRIVE		DDIVE D 102	NAMI	ET ADDRESS					j	
CITY-ST-ZIP	LAUDERHILL FL 33351	DRIVE, D-103		-ST-ZIP						
TITLE	DAODERHILL I E 00001	☐ Deli	ete TITLE					☐ Change	Addition	
NAME			NAME	ľ						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Dèl	•					Change	Addition	
NAME Street address			NAME	ET ADDRESS					ļ	
CITY-ST-ZIP				ST-ZIP					-	
TITLE		□ Dele						☐ Change	Addition	
NAME			NAME					□ Onlinge		
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP		·	CITY-	ST-ZIP						
TITLE	-	☐ Dele	ete TITLE					☐ Change	☐ Addition	
NAME			NAME						ļ	
STREET ADDRESS				ET ADDRESS					ļ	
CITY-ST-ZIP				ST-ZIP						
TITLE NAME		☐ Dele		į.				☐ Change	☐ Addition	
STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP					}	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

954-746-2221