2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # L99000004893 1. Entity Name BRIDLE HOLDINGS, L.L.C. Principal Place of Business Mailing Address P.O. BOX 508 770 S LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656 **KEYSTONE HEIGHTS, FL 32656** 02012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3666020 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWELL, PAUL D DO NOT WRITE 260A LAWRENCE BLVD. **SUITE 201** IN THIS SPACE **KEYSTONE HEIGHTS, FL 32656** 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MILE MARTIN, NORMA V 2460 SE CR 21-B STREET ADDRESS CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656** TITLE 03/05/08-80028-006 150.00 STREET ADDRESS CITY-ST-ZP TILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS

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 eath; 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 606, Florida Statutes.

Deviane Phone 6

ER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP MLE NAME STREET ADDRESS