

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000005474

1. Entity Name
BRIDGE CRANES OF AMERICA, LIMITED LIABILITY
COMPANY



Principal Place of Business
2651 STATE ROAD 60, WEST
BARTOW, FL 33830

Mailing Address
2651 STATE ROAD 60, WEST
BARTOW, FL 33830

FILED
Jun 13, 2008 08:00 AM
Secretary of State



06102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3598923

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVENUE, SUITE 102
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-10-08

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALL, TODD M
2651 STATE ROAD 60, WEST
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DICESARE, JOSEPH T
2651 STATE ROAD 60, WEST
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953081
06/13/08-80002-013 143.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-10-08

Date

8635341212

Daytime Phone #