2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000359

1. Entity Name
BRIDGE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
747 THIRD AVE., SUITE 32-A NEW YORK, NY 10017	747 THIRD AVE., SUITE 32-A NEW YORK, NY 10017

07032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1488171
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

U00000767747
07/10/07-80015-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHNELLING, ANTHONY
STREET ADDRESS	747 THIRD AVE., SUITE 32-A
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	MGRM
NAME	YOUNG, CARL
STREET ADDRESS	2431 E. 61ST STREET, SUITE 260
CITY-ST-ZIP	TULSA, OK 74136
TITLE	MGRM
NAME	STICKEL, MARK
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, SUITE 183
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGRM
NAME	VOMERO, DEAN
STREET ADDRESS	300 WAKEFIELD RUN BLVD.
CITY-ST-ZIP	HINCLEY, OH 44233
TITLE	MGRM
NAME	PHELPS, DAVID
STREET ADDRESS	912 LUTHER DRIVE
CITY-ST-ZIP	HOBART, IN 46342
TITLE	MGRM
NAME	REIGHARD, RICHARD
STREET ADDRESS	250 WINDRUSH LANE
CITY-ST-ZIP	NEWPORT, VA 24128

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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: Mark S Dankef 7/3/07 813-286-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #