

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90026 034 \*\*\*\*\*50.00

<b>DOCUMENT # M06000000071</b>	
1. Entity Name BRIDGE ROAD, LLC	

Principal Place of Business 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455	Mailing Address 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455
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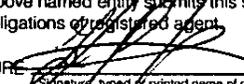


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ERIC M SAUERBERG, PA 200 VILLAGE SQUARE CROSSING, SUITE 102 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name: <u>Hayden Ridore</u> Street Address (P.O. Box Number is Not Acceptable): <u>11900 SE Federal Hwy #212</u> City: <u>Hobe Sound</u> FL Zip Code: <u>33455</u>	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/30/07

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOPEC, LLC			NAME			
STREET ADDRESS	11900 SE FEDERAL HIGHWAY, SUITE 213			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**  DATE: 4/11/07 DAYTIME PHONE #: 772-566-3455