

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001314

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: BRIDGE HEALTHCARE FINANCE, LLC

**Current Principal Place of Business:**

233 SOUTH WACKER DRIVE, SUITE 5350  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

233 SOUTH WACKER DRIVE, SUITE 5350  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 77-0615228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: D.B. ZWIRN SPECIAL O, PPORTUNITIES F U ND, LP  
Address: 9 WEST 57TH STREET, 27TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: MGRM ( ) Delete  
Name: BRIDGE HEALTHCARE IN, VESTORS, LLC  
Address: 233 SOUTH WACKER DRIVE, SUITE 5350  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: D.B. ZWIRN SPECIAL O, PPORTUNITIES F U ND, LP  
Address: 9 WEST 57TH STREET, 27TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANDOLPH T. ABRAHAMS

MGRM

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date