

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001415

FILED
Feb 06, 2008
Secretary of State

Entity Name: BRIDGE BUSINESS BANCORP, 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: 76-0809930

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: BRIDGE HEALTHCARE FI, NANCE, LLC
Address: 233 SOUTH WACKER DRIVE, SUITE 5350
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: BRIDGE OPPORTUNITY F, INANCE MGMT CO , LLC
Address: 233 SOUTH WACKER DRIVE, SUITE 5350
City-St-Zip: CHICAGO, IL 60606

Title: MGRM () Delete
Name: SMITH, MATTHEW
Address: 6893 LONGEST DRIVE
City-St-Zip: CARMEL, IN 46033

ADDITIONS/CHANGES:

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

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

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