## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

MAR 2 4 2006



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90045 014 \*\*\*\*50.00

DOCUMENT # M9700000406  1. Entity Name BRIDGEVIEW CAPITAL SOLUTIONS, L.L.C.						04-10-2006 90045 014 ****50.00				
Principal Place of Business 5881 GLENRIDGE DR NE ATLANTA, GA 30328 US			Mailing Address 5881 GLENRIDGE DR NE 3353 PEACHTREE ROAD, N.E., STE. 1130 ATLANTA, GA 30328 US			12 1891 18 <b>6</b> 1 8871 <b>88</b> 12 881	HI 88HI 88HI 88KI	<b>(10</b> () <b>13</b> () <b>1</b> ()	16) lil (66)	
2. Principal P	lace of Busin	iess	3. Mailing Address 5881 Clenride Dr. N.E.							
Suite, Apt. #, etc.			Suite, Apt, #, etc.		03072006	Chg-LLC	CR2E083	<u> </u>		
City & State			City & State Aflanta, GA			4. FEI Numb 58-232		Applied For Not Applicable		
Zip	Country		Zip 30328	Country U.S.A			e of Status Desired	□ Fe	5.00 Add se Required	
	6. Name	and Address of Current F		7. Name and Address of New Registered Agent Name						
C T CORP 1200 SOU PLANTATI	TH PINE I	SLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
	·				City			FL	Zip Code	······································
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)  DATE										
		is \$50.00 y 1, 2006						ke check pay a Departmer		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, JOHN ENRIDGE DR NE., STE 1, GA 30328	☐ Delete						☐ Change	☐ Addition
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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 resolver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OF PROTIES NAME OF SIGNING MANAGEMENT MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Disprine Profile 8										