

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -3 AM 10:56 TALLAHASSEE, FLORIDA LR 5/6	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BRIDGESTREET FINANCIAL CONSULTANTS, LLC 2333 CAERLEON RD. 403 Yet CLEARWATER FL 33764		DOCUMENT # M98000000869		1a. Principal Place of Business Address 2333 CAERLEON RD. CLEARWATER FL 33764	
2. Principal Place of Business 401 B Yelvington Ave Suite, Apt. #, etc.		2a. Mailing Address 401 B Yelvington Ave Suite, Apt. #, etc.		3. Date Organized or Qualified 08/10/1998	
City & State Clearwater, FL Zip 33755		City & State Clearwater, FL Zip 33755		3a. State of Formation NV	
4. FEI Number 77-0455236		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Date of Last Report	
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
7. Name and Address of Current Registered Agent VANNIER, BIRGIT 2333 CAERLEON RD. CLEARWATER FL 33764			8. Name and Address of New Registered Agent/Office Name Birgit Vannier Street Address (P.O. Box Number is Not Acceptable) 401 B Yelvington Ave Suite, Apt. #, etc. City Clearwater FL		
Zip Code 33755			Zip Code 33755		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Birgit Vannier DATE 4/29/99					
(Registered Agent Accepting Appointment) (If PE Registered Agent signature required when formed)					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM BRADHAM, CAROLYN		2333 CAERLEON RD. 401 B Yelvington Ave.		CLEARWATER FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: **Carolyn Bradham** 129 Capital 7927-449-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGER, MEMBER OR MANAGER