


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022566

1. Entity Name
BAINBRIDGE CONSTRUCTION LLC



Principal Place of Business Mailing Address

12791 WEST FOREST HILL BLVD., STE. 5B **12791 WEST FOREST HILL BLVD., STE. 5B**
WELLINGTON, FL 33414 **WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



04212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0486175	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.
7777 GLADES RD., STE. 300
BOCA RATON, FL 33434

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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 _____

Filing Fee is \$50.00
Due by May 1, 2005

U00000351632
 05/02/05-80153-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCNECHTER, RICHARD 12791 W. FOREST HILL BLVD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEAD, SHEILIA 12791 W. FOREST HILL BLVD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEADY, THOMAS W 12791 W. FOREST HILL BLVD WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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:  **Thomas Keady** 4/29/05 561 333 3609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #