

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2004 90071 043 *****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24060758

DOCUMENT # L03000016965

1. Entity Name
BAINBRIDGE CONSTRUCTION JACKSONVILLE LLC



Principal Place of Business
12765 WEST FOREST HILL BLVD., STE 1307
WELLINGTON, FL 33414

Mailing Address
12765 WEST FOREST HILL BLVD., STE 1307.
WELLINGTON, FL 33414

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0690908

Applied For
 Not Applicable

5. Certificate of Status Desired \$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**

7. Name and Address of New Registered Agent

Name

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	Schechter Richard A.	
STREET ADDRESS	12791 W. Forest Hill Blvd BS	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mead Sheila	
STREET ADDRESS	12791 W. Forest Hill Blvd BS	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kendy Thomas	
STREET ADDRESS	12791 W. Forest Hill Blvd. BS	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____