2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000070291

1. Entity Name

BAINBRIDGE MAITLAND DEVELOPMENT LLC



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

12791 WEST FOREST HILL BLVD., STE. 58 WELLINGTON, FL 33414

Mailing Address

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



03202006Na Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0199937 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

JEFFREY A. DEUTCH, P.A. 7777 GLADES ROAD, STE. 300 BOCA RATON, FL 33434

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida, I am familiar with, and accer-	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHECHTER, RICHARD A 12791 W FOREST HILL BLVD #5-B WELLINGTON, FL 33414	 .	U00000548566 05/12/06-80069-015 55. 00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the Information supplied with this filling 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 it 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 808, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas J. Keady 4/20/06

561-333-3669

Date

Claytima Phone #