

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUN -9 AM 8: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800156844288
06/05/09--01004--004 **282.50



DOCUMENT # L07000057785 1. Entity Name BAINBRIDGE ISLAND CLUB PORTFOLIO, LLC	
--	--

Principal Place of Business 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414	Mailing Address 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

04232009 REIN-LLC CR2E101 (1/07)	4. FEI Number 26-0273967
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JEFFREY A. DEUTCH, P.A. 7777 GLADES ROAD, SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	---

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR Bainbridge Manage LLC 12765 W. Forest Hill Blvd #1307 Wellington, FL 33414 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bainbridge Manage LLC 12765 W. Forest Hill Blvd #1307 Wellington, FL 33414		<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <div style="text-align: center; font-size: 24pt; font-weight: bold;">L. SELLERS</div> <div style="text-align: center; font-size: 18pt;">JUN 10 2009</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">EXAMINER</div> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 24pt; font-weight: bold;">L. SELLERS</div> <div style="text-align: center; font-size: 18pt;">JUN 10 2009</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">EXAMINER</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bainbridge Manage LLC 12765 W. Forest Hill Blvd #1307 Wellington, FL 33414								
	<input type="checkbox"/> Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 24pt; font-weight: bold;">L. SELLERS</div> <div style="text-align: center; font-size: 18pt;">JUN 10 2009</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">EXAMINER</div>								
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								

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 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 #