# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000071758**

1. Entity Name
BAINBRIDGE DEVELOPMENT INVESTMENTS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 12791 WEST FOREST HILL BOULEVARD, SUITE 5B WELLINGTON, FL 33414 | 12791 WEST FOREST HILL BOULEVARD, SUITE 5B WELLINGTON, FL 33414 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

04212005    Chg-LLC    CR2E083 (10/03)

4. FEI Number  *05-0609729*     Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DAVID J POWERS, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 | 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 _____
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

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

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member Richard A. Schechter 12791 W. Forest Hill Blvd #5-B Wellington, FL 33414  ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

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 Krady_    4/09/05    561 333 3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #