

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L04000007415**

1. Entity Name  
**BAINBRIDGE PARK CENTRAL INVESTMENTS, LLC**



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

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



03202006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0768337</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHECHTER, RICHARD A**  
**12765 W. FOREST HILL BLVD, STE 1307**  
**WELLINGTON, FL 33414**

**DO NOT WRITE IN THIS SPACE**

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, 2006**

**000000548469**  
**05/12/06-80066-001 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>UGRM</b>
NAME <b>SCHECHTER, RICHARD A</b>
STREET ADDRESS <b>12791 W FOREST HILL BLVD, # 5-B</b>
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>

TITLE
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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:** \_\_\_\_\_

**Thomas J. Keady 4/20/06 561-333-3669**

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

Date

Daytime Phone #