

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001513					
1. Entity Name BAINBRIDGE FAIRVIEW, LTD					
Principal Place of Business 12791 WEST FOREST HILL BLVD STE. 5B WELLINGTON, FL 33414			Mailing Address 12791 WEST FOREST HILL BLVD STE. 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		Country		04212005 Chg-LP CR2E003 (10/03)	
4. FEI Number 11-3663445				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAINBRIDGE FAIRVIEW, INC. 12791 WEST FOREST HILL BLVD STE. 5B WELLINGTON, FL 33414			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ DATE _____					
9. Capital Contributions as Shown on record. \$7,500.00			10. Amount of Capital Contributions in FLORIDA to date		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # P02000122298	NAME BAINBRIDGE FAIRVIEW INC		STREET ADDRESS	UN00000365738 05/11/05 00013 012 150.00	
STREET ADDRESS 12791 WEST FOREST HILL BLVD STE. 5B	CITY-ST-ZIP WELLINGTON, FL 33414		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:			Thomas Keady 4/29/05 561 333 3609		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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