2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

_	Due By May 1, 2005						SECOL	FILE	Ų
	DOCUMENT # A0400000155 1. Entity Name						DIVISION	ARC SOR	U DF STATE PORATIONS
	BAINBRIDGE PARK CENTRAL HOLDINGS, LTD.						05 MAY	ll Al	4 9:31
	Principal Place o 12765 W. FORE WELLINGTON, F	ST HILL BLVD., SUITE 1307	Mailing Address 12765 W. FOREST HILL BLVD., WELLINGTON, FL 33414		SUITE 1307		FIII BIBRI CORI COLIT CO	11 fa ilt ca ig i	8/\$1 Y\$1 \$1/\$1 \$ M\$17 \$ 184
1	2. Principal Plac	e of Business	3. Mailing Address						
	Suite, Apt. #, etc.		Suite, Apt, #, etc.		04212005	Chg-LP	CR2E	003 (10/03)	
Ī	City & State		City & State			4. FEI Number			Applied For Not Applicable
ĺ	Zip Country		Zip Country		5. Certificate of	f Status Desired	X	\$8.75 Additional Fee Required	
İ	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	SCHECHTER, RICHARD A 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414				Street Address (P.O. Box Number is Not Acceptable)				
ŀ					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. 90055634235 SIGNATURE SIGNATURE								299
Ì	Signature, typed or printed name of registered agent and title if applicable.						1	DATE	
	9. Capital Contributions as Shown on record. \$4,375,000.00 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 DOCUMENT / P04000018328			13.		ADDRESS CHANGES ONLY			
	NAME STREET ADDRESS LITY-ST-ZIP WELLINGTON, FL 33414				-ST-ZIP				
•	DOCUMENT #			STR	EET ADDRESS		<u>.</u>		
	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
	DOCUMENT #			STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
	DOCUMENT # NAME			STR	EET ADDRESS				
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	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
	DOCUMENT #			STR	EET ADDRESS				
	STREET ADDRESS CITY-STe ZIP			CITY	'∙ST+ZIP				
į	14. I hereby certify that the information supplied with this filling does not quality 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 General Partner of the limited partnership or the receiver or trustee empowered to execute his reported by Chapter 620, Florida Statutes								
ı	SIGNATU	JRE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENER		KEAdy_	4/09/0	75 Deta	561	333 3669 Daytime Phone •