

073

2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

DOCUMENT # A04000000155					
1. Entity Name BAINBRIDGE PARK CENTRAL HOLDINGS, LTD.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-0748174	
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		
SCHECHTER, RICHARD A 12765 W. FOREST HILL BLVD., SUITE 1307 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000018328 BAINBRIDGE PARK CENTRAL HOLDINGS, INC. 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414		STREET ADDRESS CITY-ST-ZIP	100074615191 05/15/06--01008--019 **508.75	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Thomas J. Keady 4/20/06 561-333-3669 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE