

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

DOCUMENT # A04000001067

1. Entity Name  
BAINBRIDGE HERITAGE HARBOUR, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:32

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

Mailing Address  
12765 WEST FOREST HILL BLVD., STE. 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

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number

06-1728648

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BAINBRIDGE HERITAGE HARBOUR, INC.  
12765 WEST FOREST HILL BLVD., STE. 1307  
WELLINGTON, FL 33414

**7. Name and Address of New Registered Agent**

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.

200056034912  
06/10/05--01078--004 \*\*150.00  
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 # P04000097828  
NAME BAINBRIDGE HERITAGE HARBOUR, INC.  
STREET ADDRESS 12765 WEST FOREST HILL BLVD., STE. 1307  
CITY-ST-ZIP WELLINGTON, FL 33414

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas Keady

4/29/05 571 333 3669

Date

Daytime Phone #

STAPLE CHECK HERE