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

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

<b>DOCUMENT # A04000001067</b> 1. Entity Name <b>BAINBRIDGE HERITAGE HARBOUR, LTD.</b>	
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Principal Place of Business <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>	Mailing Address <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>06-1728648</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BAINBRIDGE HERITAGE HARBOUR, INC. 12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
DOCUMENT #	P04000097828
NAME	BAINBRIDGE HERITAGE HARBOUR, INC.
STREET ADDRESS	12765 WEST FOREST HILL BLVD., STE. 1307
CITY - ST - ZIP	WELLINGTON, FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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05/16/06-80006-006 508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

Date

Daytime Phone #