

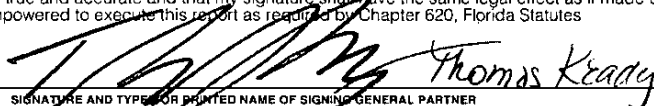


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:32

DOCUMENT # A04000001298 1. Entity Name BAINBRIDGE CLERMONT, LTD.					
Principal Place of Business 12765 WEST FOREST HILL BOULEVARD STE. 1307 WELLINGTON, FL 33414				Mailing Address 12765 WEST FOREST HILL BOULEVARD STE. 1307 WELLINGTON, FL 33414	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04212005 Chg-LP CR2E003 (10/03)				4. FEI Number 36-455883p	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAINBRIDGE CLERMONT, INC. 12765 WEST FOREST HILL BOULEVARD 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 _____ 700056034887 <small>Signature, typed or printed name of registered agent and title if applicable.</small> 06/10/05-01078-003 **150.00					
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 #	P04000114606		STREET ADDRESS		
NAME	BAINBRIDGE CLERMONT, INC.		CITY-ST-ZIP		
STREET ADDRESS	12765 WEST FOREST HILL BOULEVARD STE. 1307				
CITY-ST-ZIP	WELLINGTON, FL 33414				
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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: 			Date 4/29/05 Daytime Phone # 541 333 3669		

STAPLE CHECK HERE