

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

510
FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04292008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4558836

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAINBRIDGE CLERMONT, INC.
12765 WEST FOREST HILL BOULEVARD STE. 1307
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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.

000000942901

05/29/08-80934-020 508.75

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # **P04000114606**
NAME **BAINBRIDGE CLERMONT, INC.**
STREET ADDRESS **12765 WEST FOREST HILL BOULEVARD STE. 1307**
CITY - ST - ZIP **WELLINGTON, FL 33414**

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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:

Rick Giles 4/ 29/08 561-333-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE