


551

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001892 1. Entity Name BAINBRIDGE LAUREL, LTD.	
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Principal Place of Business 12765 WEST FOREST HILL BLVD. SUITE 1307 WELLINGTON, FL 33414	Mailing Address 12765 WEST FOREST HILL BLVD. SUITE 1307 WELLINGTON, FL 33414
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03202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0133446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAINBRIDGE LAUREL, INC. 12765 WEST FOREST HILL BLVD. SUITE 1307 WELLINGTON, FL 33414
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**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 _____ 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 #	P04000161750
NAME	BAINBRIDGE LAUREL, INC.
STREET ADDRESS	12765 WEST FOREST HILL BLVD.
CITY - ST - ZIP	WELLINGTON, FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000554726
05/16/06-80006-005 508.75

**DO NOT WRITE
IN THIS SPACE**

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 629, 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 #

STAPLE CHECK HERE