

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

595

**DOCUMENT # A06000000080**

1. Entity Name  
**BAINBRIDGE LAKE BETTY GP, LLLP**



Principal Place of Business  
**12765 W. FOREST HILL BLVD., SUITE 1307**  
**WELLINGTON, FL 33414**

Mailing Address  
**12765 W. FOREST HILL BLVD., SUITE 1307**  
**WELLINGTON, FL 33414**

FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-LP CR2E003 (12/06)

4. FEI Number

20-4126146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFREY A. DEUTCH, P.A.**  
**7777 GLADES ROAD, SUITE 300**  
**BOCA RATON, FL 33434**

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P06000004844**  
 NAME **BAINBRIDGE LAKE BETTY, INC.**  
 STREET ADDRESS **12765 W. FOREST HILL BLVD., SUITE 1307**  
 CITY-ST-ZIP **WELLINGTON, FL 33414**

STREET ADDRESS

CITY-ST-ZIP

**700103703547**  
~~06/01/07 01017 019 \*\*500.75~~

DOCUMENT #  
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 CITY-ST-ZIP

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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 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

Thomas J Keady

4/24/07

561-333-3669

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #