

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

121

DOCUMENT # A06000000081

1. Entity Name

BAINBRIDGE LAKE BETTY, LLLP



FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

20-4126384

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

DOCUMENT # A06000000080
NAME BAINBRIDGE LAKE BETTY GP, LLLP
STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1307
CITY-ST-ZIP WELLINGTON, FL 33414

13. ADDRESS CHANGES ONLY

STREET ADDRESS

900103703529
06/01/07--01017--018 **508.75

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

4/26/07

561-333-3669

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #