2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 SECRETARY OF STATE DOCUMENT # A06000000081 DIVISION OF CORPORATIONS BAINBRIDGE LAKE BETTY, LLLP DR MAY 28 AM 10: 38 Principal Place of Business Mailing Address 12765 W. FOREST HILL BLVD., SUITE 1307 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414 WELLINGTON, FL 33414 04232008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4126384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEFFREY A. DEUTCH, P.A. DO NOT WRITE 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 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 little if applicable 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. GENERAL PARTNER INFORMATION 12. A06000000080 DOCUMENT A 200131107602 06/10/08--01031--015 **507.75 BAINBRIDGE LAKE BETTY GP. LLLP STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1307 CITY-ST-ZIP WELLINGTON, FL 33414 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT

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. Rick Giles

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/ 29/08

561-333-3669

Date

Daytime Phone #