

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 23 PM 12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

A97000002766

1. Name of Limited Partnership

BAINBRIDGE COMMUNITIES KEYS

LIMITED PARTNERSHIP								
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida 1 2 / 1 9 / 0 7			
12791 W.Forest Hill Blyd.					12/10/9/			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For	
Suite 5B					65-0802412 6.	770	Not Applicable	
City & State		City & State			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Wellingtor	· · · · · · · · · · · · · · · · · · ·	-			7a. Capital Contributions as shown on Record:			
Zip	Country	Zip Country			\$5,000,00			
33414	Palm Beach				7b. Amount of Capital Contributions	in FLORIDA to	date:	
8. Name and Address of Current Registered Agent								
Name					FEES:			
Richard A. Schechter Street Address (P.O. Box Number is Not Acceptable)					Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50,			
					for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning			
Suite, Apt. #, Etc.					with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
Suite 5B City State Zip Code					Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate			
· '	Wellington FL 33414					submitted alon	g with a separate	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership a signized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered signit, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of sector 821.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post C			City, State and Zip Code	10a. _D	Registration	
Bainbridge	Holdings, Ind	Hill Bouler		W	ellington, FL 33414 1000055E -06/04/ ***192		0099336 5 1——5)28—0)2 ***1923.75	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. I do hereby certify that his information supplied with his filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i release the Division of Corporations from a public access. I further certify that the information indicated on this annual reports true-and accurage and that my signature shall have per same/egal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empower to execute this report as republic by charge 620. Florida Statutes.								

SIGNATUR

Richard Schechter Typed or Printed Name of General Partner Signing Form

Telephone Number 561-333-3669