

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000826

1. Entity Name
BAINBRIDGE POLO LAKES GP, LTD.



Principal Place of Business
**12791 W. FOREST HILL BLVD., STE. 5B
WELLINGTON, FL 33414**

Mailing Address
**12791 W. FOREST HILL BLVD., STE. 5B
WELLINGTON, FL 33414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0823461

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RICHARD SCHECHTER
BAINBRIDGE COMPANIES
12791 W. FOREST HILL BLVD., #5B
WELLINGTON, FL 33414**

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

9. Capital Contributions
as shown on record. **\$500,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$500,000**

**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 # **P98000029926**
NAME **BAINBRIDGE POLO LAKES GP, INC.**
STREET ADDRESS **12791 W. FOREST HILL BLVD., STE. 5B**
CITY-ST-ZIP **WELLINGTON, FL 33414**

STREET ADDRESS

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 820, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE