## 2000 UNIFORM BUSINESS REPORT (UBR) A98000000827 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS BAINBRIDGE PLGP, LTD. 00 JUL 13 PM 1:,25 Mailing Address Principal Place of Business 2170 POLO GARDENS DRIVE. SUITE 204 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414-2030 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 12791 W. Forest Hill Blvd. Suite #5B -Wellington-Fl-33414 Applied For 4. FEI Number City & State 65-0823457 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAINBRIDGE PLGP. INC. Street Address (P.O. Box Number is Not A) 2170 POLO GARDENS DRIVE, SUITE 204 **WELLINGTON FL 33414** in the State of Florida 8. The above named/entity submits this statement for the purpose of changing its registered office or SIGNATURE ped or printed name of registered agent and title if applicable MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$472,500.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record 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 13. 12. P98000029978 DOCUMENT# STREET ADDRESS BAINBRIDGE PLGP, INC. NAME 2170 POLO GARDENS DRIVE, SUITE 204 STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP <u>.n7/18/do---01083---007</u> CITY-ST-ZIP \*\*\*\*535.00 DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 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 620, Florida Statutes

SIGNATURE: