FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED

| 1. Name of Limited Pattorcahip A98000001699 ARTNERSHIP A98000001699 ARTNERSHIP ANIBING COMMUNITIES VICTORIA POINTE LIMITED ARTNERSHIP ANIBING Address Principal Office Address A Sale Frincipal Office Address Principal Office Address A Sale Frincipal Office Address Principal Office Address A Sale Date of Lask Report 50. Applied For No. Applied For No | | DIVISION OF | | 98 | BDEC 31 PM 2: 14 | |
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| An International Partners of Personal Office Address Personal Office Personal Office Address Personal | 1. Name of Limited Partnership | | | i l | | |
| ### Perception Class Address 20 20 20 20 20 20 20 | BAINBRIDGE COMMUNITIES PARTNERSHIP | S VICTORIA POINTE L | IMITED | | | |
| 2170 POLO GARDENS DRIVE. SUITE 204 WELLINGTON FL 33414 2170 POLO GARDENS DRIVE. SUITE 204 WELLINGTON FL 33414 22. Principal Office Address 23. Principal Office Address 24. Suite, Apt. Fl, etc. City Suite, Apt. Fl, etc. Suite, Apt. Fl, e | Mailing Address | Principal Office Address | 97m. | 3. Date Formed or Registered | 5a. Capital Contributions as | |
| 2. Mailing Address 2a. Principal Office Address Sulfa, Apt. #, etc. City & State To Country In Country In Country In Country Respective of Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. City & State City & State City & State To Country In Country Respective of Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. In Country Respective of Sulfa, Cancer Applicable Respective of Sulfa, Cancer Applicable Respective of Sulfa, Cancer Applicable Respective of Sulfa, Apt. #, etc. In June 10, If cheaped, new Registered Agent Office BANISRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414 Sulfa, Apt. #, etc. City FL Tip Code To Compare the Sulfa, Apt. #, etc. City FL Tip Code To Compare the Sulfa, Apt. #, etc. City FL Tip Code To Sulfa, Apt. #, etc. City FL Tip Code To Polica Submitted Day in general partnership in general partnership). In every succept the appointment of registered spent in the provisions of everying its registered office or registered spent, in the State of Friotids, Such charge was submitted by its general partnership). Investigation of the general partnership). In every succept the expolarity of the interest of the succept the appointment of registered spent in the full state of the State of Friotids, Such charge was submitted by its general partnership). In every succept the appointment of registered spent in the full state of the State of Friotids, Such charge was submitted by its general partnership). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Natrophyl of General Partnership BAINBRIDSE HOLDINGS, INC. 2170 POLO GARDENS DRI WELLINGTON FL 33414 PQ 70000 99334 FL 7 45 9 9 11/14 - 024 ********************************* | 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414 | | | | \ | |
| 2. Mailing Address 22. Periodget Office Address FL Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country American FR. Regulated 8. Male check purpose to Dept. of State Sea recurred side for fee Information) 8. Male check purpose to Dept. of State Sea recurred side for fee Information) 8. Male check purpose to Dept. of State Sea recurred side for fee Information) 8. Male check purpose to Dept. of State Sea recurred side for fee Information) 8. Male Check purpose to Dept. of State Sea recurred side for fee Information) 8. Male Check purpose to Dept. of State Sea recurred side for fee Information) 8. Male Check purpose to Dept. of State Sea recurred side for fee Information State State Sea recurred side for fee Information State St | | | | | → Contributions in FLORIDA | |
| City & State Country Registered of Status Desired State General payment to the provisions of seafors (20, 192, Florida Statutes, the above-timed limited partnership organized or registered apendicities State, Apt. 8, etc. City FL Zip Code Total State, Apt. 8, etc. City FL Zip Code Total City FL Zip Code Total State of Reddense (Pr.). Box Number is Not Acceptable) SignArd an armalle with, and easy of the State of Florida, Submitted in State payment in Entities with, and easy of the State of Florida, Submitted in State payment in Entities with, and easy of the State of Floridas, Submitted in State payment in Entities with, and easy of the State of Floridas, Submitted in State payment in Entities with, and easy of the State of Floridas, Submitted in State payment in Entities with, and easy of the State of Floridas, Submitted in State payment in Entities with, and easy of the State of Floridas, Submitted in Payment in Floridas State of Floridas, Submitted in | 2. Mailing Address | 2a. Principal Office Address | | | to date: | |
| T. Certificato of Status Desired S8.75 Additional Fee Regulations Regulatored Agent S8.75 Additional Fee Regulatored R. Make check payable to: Dept. of State (See reverse acts for fee information) | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | |
| Registration Partners Partn | City & State | City & State | City & State | | | |
| Service Address of Current Registered Agent 10. If changed, new Registered Agent/Office BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414 Subs, Apt. #, etc. City FL Zip Code Subs, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-distribed limited pertnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida, Such change was authorized by its general pertner(s). I hereby accept the obligations of section 200,192, 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. 11. Nameleo of General Partner(s) 11a. Quinot jue Registration/ Decument Number of Partnership or General Partner of Number of Partnership or General Partner of Number of Partnership or General Partnership or Gene | Zip Country | Zip | Country | | | |
| BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414 Suite, Apt. #, etc. City FL | | | | 6. Make check payable to: Dept. of | State (See reverse side for fee information) | |
| BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code To the purpose of changing its registered office or registered spent, or both, in the State of Floridas, Such change was suthorized by the general partner(-), I hereby accept the approximent of registered agent, a mismillar with, and accept the chilgations of section 520.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nameto) of General Partner(-) 11a. Accircas of Each Ginner Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration' Document Number BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRI WELLINGTON FL 33414 PG 70000 99334 ********************************* | 9. Name and Address of Current Registered Agent | | | | | |
| WELLINGTON FL 33414 Sulle, Apt R, etc. City FL Zip Code The provisions of sections 920-1051 and 820-1052, Florida Statutes, the above-filling imminist partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered or registered digner. I am families with, and accept the obligations of section 820-102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nampleo) of General Partner(s) 11a. Address of Each Geigneral Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State 8-Zip Code 11c. Registration? BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRI WELLINGTON FL 33414 FQ 70000 99334 SIGNATURE WITH THIS OFFICE. Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Leto hereby certify that the information supplied with shis filing is voluntarily furnished and does not qualify for the eximption aband in Section 119.07(3)(6), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(6) in the ovent that the information supplied is decemed exempt from public access. I further certify that I am a General Partner of the Initing department, incohere the removement of the semilar ports it the and accepted and accepted the partners of the Information indicated on the amendment of the control of the partners of the Information indicated on the amendment of the Complex of the Statutes. I release the Division of Corporations from any liability of non-complexes with Section 119.07(3)(6) in the ovent that the information supplied is decomed exempt from public access. I further certify that I in information indicated on the amendment of the Statutes of | 2170 POLO GARDENS DRIVE, SUITE 204 | | | | | |
| Total Pursuant to the provisions of sections \$20,1051 and \$20,192, Florida Statutes, the above-filling limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, 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 section \$20,192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State 6, Zip Code 11c. Registration, Document Number 11b. City, State 6, Zip Code 11c. Document Number 11b. City, State 6, Zip Code 11c. Document Number 11d. 700009938 FOUND OF State 1 and Active 2 and Active 2 and Active 3 | | | | | | |
| TOa. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Statutes, the above-rilificated limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, 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 accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner(s) 11a. On Not Use Post Office Box Number(s) 11b. City, State & Zip Code 11c. Registration/ 11b. City, State & Zip Code 11c. Registration/ 11d. On POLIO GARDENS DRI WELLINGTON FL 33414 11d. On POLIO GARDENS DRI Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6), Florida Statutus. I release the Division of Corporations from any liability of concompliance with Section 119.07(3)(6) in the overall that the information supplied the deermed owengt from public access, I further certify that the information, receiver or trustee empowered to execute this more its around segal effects of france under cath. I further certify that I am a General Partner of the limited partnerships, receiver or trustee empowered to execute this more its around segal effects of france under cath. I further certify that I am a General Partner of the limited partnerships, receiver or trustee empowered to execute this more its around segal effects of france under cath. I further certify that I am a General Partner of the limited partnerships, receiver or trustee empowered to execute this more its arequired by phase texts. Business and the section 119.07(2)(6). Th | | | | | | |
| for the purpose of changing its registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner (s). I hereby accept the appointment of registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner (s). I hereby accept the appointment of registered agent, or both, in the State of Stat | | | City | | FL Zip Code | |
| 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Registration/ Document Number 11c. Registration/ Document Number 11d. On NOT Use Post Office Box Numbers) 11d. City, State & Zip Code 11c. Registration/ Document Number 11d. On NOT Use Post Office Box Numbers) 11d. City, State & Zip Code 11c. Registration/ Document Number 11d. On | for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH | ations of section 520.192, Florida Statutes. t) AT IS A CORPORATION | , LIMITED | DATE D PARTNERSHIP OR OTHE | | |
| BAINBRIDGE HOLDINGS, INC. 2170 POLO GARDENS DRI WELLINGTON FL 33414 P97000099336 FDDDDD2 4 4 7 46 3 -01/15/9901114024 *****141.25 *****141.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K). Florida Statutos. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the ovent that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects of made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this result as required by finance could be statutes. SIGNATURE ** **MATHORITION FL 33414 P97000099336 ** ** ** ** ** ** ** ** ** | | Ada Address of Each Ger | eral Partner | , — — — — — — — — — — — — — — — — — — — | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects (S) if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by phapter 620. Eligida Satutes. SIGNATURE X DATE OATE | | | (ag its, god ; gol sings bey ramsors) | | - Coccinent Namber | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects (S) if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by phapter 620. Eligida Satutes. SIGNATURE X DATE OATE | Bainbridse Holdings, Inc. | 2170 POLO GARDENS | DRI | WELLINGTON FL 33414 | 197000099309 | |
| 12. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects of it made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by phapter 620. Elorida Statutes. SIGNATURE X DATE DATE | | | | -01/19 | 744 746-3 79301114024 | |
| this annual report is true and accurate and that my signature shall have the same legal effects of made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by phapter 620. Eladida Satutes. SIGNATURE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE | | | | | | |
| | this annual report is true and accurate and that empowered to execute this report as required by | ny signature shall have the same legal effects | | | | |
| | , | Baluspine Ha | D141/-5 | DAYC - WATE | 5/01 - 792-8059 | |