

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000000917

1. Entity Name
BAINBRIDGE WG, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 8:15

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 REIN-LP CR2E100 (6/04)

4. FEI Number
65-0925076

Applied For
Not Applicable

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

BAINBRIDGE WG, INC.
12791 W. FOREST HILL BLVD., SUITE 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, if applicable,

DATE

9. Capital Contributions
as Shown on record. \$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # P99000051710
NAME BAINBRIDGE WG, INC.
STREET ADDRESS 12791 W. FOREST HILL BLVD., SUITE 5B
CITY-ST-ZIP WELLINGTON, FL 33414

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2005

300061799043
11/30/05--01050--003 **\$35.00

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 and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas J. Keady

11/10/05 561-333 3669

Date

Daytime Phone #

STAPLE CHECK HERE