


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 14 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001929		
1. Entity Name BAINBRIDGE WCP, LTD.		

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0963609	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAINBRIDGE WCP, INC. 12791 W. FOREST HILL BLVD., SUITE 5B WELLINGTON, FL 33414

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date: 2,525,202
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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 #	P99000101798	STREET ADDRESS	
NAME	BAINBRIDGE WCP, INC.	CITY-ST-ZIP	
STREET ADDRESS	12791 W. FOREST HILL BLVD., SUITE 5B		
CITY-ST-ZIP	WELLINGTON, FL 33414		
DOCUMENT #		STREET ADDRESS	400038162674
NAME		CITY-ST-ZIP	06/22/04--01007--020 **535.00
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NAME		CITY-ST-ZIP	
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: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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STAPLE CHECK HERE