

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000001929

1. Entity Name  
BAINBRIDGE WCP, LTD.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 18 AM 10:54

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



11012005 REIN-LP CR2E100 (6/04)

4. FEI Number  
65-0963609

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 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 11/10/05

9. Capital Contributions as Shown on record. \$2,525,202.00

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 # P99000101798  
NAME BAINBRIDGE WCP, INC.  
STREET ADDRESS 12791 W. FOREST HILL BLVD., SUITE 5B  
CITY-ST-ZIP WELLINGTON, FL 33414

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 000062127990  
CITY-ST-ZIP 12/13/05--01064--006 \*\*\$35.00

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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: DATE 11/10/05 5613333669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE