

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000617

BAINBRIDGE POLO GLEN LIMITED PARTNERSHIP

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12791 W. FOREST HILL BLVD., STE. #5B 12791 W. FOREST HILL BLVD., STE. #5B
WELLINGTON FL 33414 WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0868978		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

SCHECHTER, RICHARD A
THE BAINBRIDGE COMPANIES
12791 W. FOREST HILL BLVD., #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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$5,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	A98000002370	STREET ADDRESS	
NAME	BAINBRIDGE PLANTATION GP, LTD.	CITY-ST-ZIP	
STREET ADDRESS	12791 W. FOREST HILL BLVD., STE. #5B		
CITY-ST-ZIP	WELLINGTON FL 33414		
DOCUMENT #		STREET ADDRESS	700004419667--6
NAME		CITY-ST-ZIP	-06/14/01--01051--026
STREET ADDRESS			****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700004419667--6
NAME		CITY-ST-ZIP	-06/14/01--01051--027
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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

Richard Schechter

4/25/01

Date

(561) 793-8959

Daytime Phone #

CR2E003 (11/00)