FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 23, 2002 8:00 am Secretary of State DOCUMENT # L01000004984 05-22-2002 90201 043 \*\*\*\*50.00 1. Entity Name BAINBRIDGE DEVELOPMENT GROUP LLC Principal Place of Business Mailing Address 12791 WEST FOREST HILL BOULEVARD, SUITE 58 12791 WEST FOREST HILL BOULEVARD. SUITE 58 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Numbe City & State City & State Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD A. SCHECHTER POWERS, DAVID J P.A. Street Address (P.O. Box Number is Not Acceptable) 12791 W. Forest Hill Boulevard 7777 GLADES ROAD, SUITE 300 **BOCA RATON FL 33434** Suite 5B Wellington the purpose of changing its regletered office of registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES DIRECTOR ☐ Delete ITLE ☐ Change ☐ Addition (9/01 NAME Richard A. Schechter NAME STREET ADDRESS 12791 W. Forest Hill Blvd. CR2E083 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vellington, FL 33414 DIRECTOR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Sheila Mead NAME STREET ADDRESS 12791 W. Forest Hill Blvd. STREET ADORESS CITY-ST-ZIP Wellington, FL 33414 ☐ Delete ☐ Change ☐ Addition DIRECTOR TITLE MAM homas-Keady STREET ADDRESS 12791 W.Forest Hill Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Vellington, FL 33414</u> TOTALE ☐ Celete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MLE

NAME

STREET ADORESS

CITY-ST-ZIP

☐ Delete

TITLE

MAME

STREET ADDRESS

CITY-ST-7IP

Change

☐ Addition



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 30, 2002

BAINBRIDGE DEVELOPMENT GROUP LLC 12791 WEST FOREST HILL BOULEVARD SUITE 5B WELLINGTON, FL 33414

Subject: BAINBRIDGE DEVELOPMENT GROUP LLC

Reference Number:

L01000004984

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RG ANNUAL REPORTS SECTION