

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90195 033 ****55.00

DOCUMENT # L01000004984

1. Entity Name
BAINBRIDGE DEVELOPMENT GROUP LLC



Principal Place of Business
**12791 WEST FOREST HILL BOULEVARD
SUITE 5B
WELLINGTON, FL 33414**

Mailing Address
**12791 WEST FOREST HILL BOULEVARD
SUITE 5B
WELLINGTON, FL 33414**

00050968



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1090811

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHTER, RICHARD A
12791 W FOREST HILL BLVD
STE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete
NAME **SCHECHTER, RICHARD A**
STREET ADDRESS **12791 W FOREST HILL BLVD**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☒ Delete
NAME **MEAD, SHEILA**
STREET ADDRESS **12791 W FOREST HILL BLVD**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☐ Delete
NAME **KEADY, THOMAS**
STREET ADDRESS **12791 W FOREST HILL BLVD**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Thomas J Keady** **4/30/07** **561-333-3669**