

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-LLC

CR2E083 (12/07)

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

1100000942105

05/29/08-80007-013 143.75

9. **MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

Thomas J. Keady    4/23/08    561-333-3669

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone •