


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90079 010 \*\*\*\*50.00

**DOCUMENT # L02000034968**

1. Entity Name  
**BAINBRIDGE FARMS, LLC**



Principal Place of Business  
**2439 APPALOOSA TRL  
 WELLINGTON, FL 33414**

Mailing Address  
**12791 WEST FOREST HILL BLVD STE 5B  
 WELLINGTON, FL 33414**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country

01092004 Chg-LLC CR2E083 (10/03)



4. FEI Number  
**APPLIED FOR**

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 WEST FOREST HILL BLVD STE 5B  
 WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name  
**Schechter, Richard**

Street Address (P.O. Box Number is Not Acceptable)  
~~12791 West Forest Hill Blvd. # 5B~~  
**12765 W Forest Hill Blvd. # 1307**

City  
**Wellington** FL Zip Code  
**33414**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

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

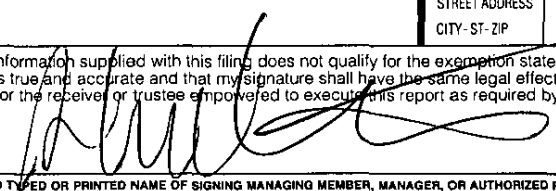
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SCHECHTER, RICHARD	12791 W FOREST HILL BLVD	WELLINGTON, FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Schechter, Richard	12765 W Forest Hill Blvd. # 1307	Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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:**  **4/28/04** **561-333-3669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #