

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015716

1. Entity Name
BAINBRIDGE JACKSONVILLE LLC



Principal Place of Business
12791 WEST FOREST HILL BLVD., SUITE 5B
WELLINGTON, FL 33414

Mailing Address
12791 WEST FOREST HILL BLVD., SUITE 5B
WELLINGTON, FL 33414



04212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1465416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000351608
05/02/05-80153-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHECHTER, RICHARD A
12791 WEST FOREST HILL BLVD., SUITE 5B
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEAD, SHEILA
12791 WEST FOREST HILL BLVD., SUITE 5B
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEADY, THOMAS
12791 WEST FOREST HILL BLVD., SUITE 5B
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(l), 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:

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

Date

Daytime Phone #

Thomas Keady 4/29/05 561 333 3669