

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

06
FILED
May 01, 2006 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**



03202006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

**000000548475
05/12/06-80066-003 55.00**

9. **MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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.

SIGNATURE: _____

Thomas J. Keady 4/20/06 561-333-3669

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

Date

Daytime Phone #