## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L03000015716

1. Entity Name
BAINBRIDGE JACKSONVILLE LLC



FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90195 038 \*\*\*\*55.00

Principal Place of Business

SIGNATURE:

Mailing Address

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561-333-3669

Daytime Phone #

4/30/07

Date

12791 WEST FOREST HILL BLVD., SUITE 5B WELLINGTON, FL 33414			12791 WEST FOREST HILL BLVD., SUITE 5B WELLINGTON, FL 33414			00030303				
							: 		NAMAN NAMAN NAMAN BI	
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04292007	Chg-LLC	CR2E	(083 (12/06)	
City & State	8		City & State			4. FEI Numb			Ap	oplied For
Zip		Country	Zip Country			37-146	65416			ot Applicable
2.0		Country	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent			7. Name an	d Address of New	Registered	l Agent	
5 A 1 1 5 A 5					Name					
DAVID J. POWERS, P.A. 7777 GLADES ROAD, SUITE 300					Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAT					<u> </u>					
					City	FL Zip Co.				е
		y submits this statement for	the purpose of changing it	s registere	ed office or registe	ered agent, or b	oth, in the State of F	lorida. Lan	n familiar with,	and accept
the obligati	ions of regis	tered agent.								
SIGNATURE.	Signature broom	or printed name of registered agent ar	od title if applicable (BIO	TC: Decistors	d Agent signature require	ad whos roisetstras)		DATE		
	Signature, typec	or printed name or registered agent at	и ше и аррисаоне. (140	TE. Hegistere	n vitant siðuatnia ladni.	ou whoir remaining)		DATE		
Fi	ling Fee	is \$50.00					Ma	ke check	payable to	
Due by May 1, 2007						Florida Department of State				
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS	CHANGE	S	
TITLE	D		☐ Delete	TITLE	£		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5, 5	☐ Change	☐ Addition
NAME	SCHECH	TER, RICHARD A		NAM	E					
STREET ADDRESS	12791 WEST FOREST HILL BLVD., SUITE 5B				ET ADORESS					
CITY-ST-ZIP	<b></b>	STON, FL 33414		CITY	-ST-ZIP					<u> </u>
TITLE	D	LICII A	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	MEAD, S	MEILA EST FOREST HILL BLVI	) SHITE SB	NAM	ET ADDRESS					
CITY-ST-ZIP		STON, FL 33414	J., GOITE 3B		-ST-ZIP					
TITLE	D		☐ Delete	TITLE	E .				☐ Change	☐ Addition
NAME	KEADY, 1	THOMAS		NAM	E					
STREET ADDRESS	12791 WEST FOREST HILL BLVD., SUITE 5B				ET ADDRESS					
CITY-ST-ZIP	WELLING	STON, FL 33414			-ST-ZIP					
TITLE			Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS				NAM Stre	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL	E	······································			☐ Change	Addition
NAME				NAM						
STREET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLI					☐ Change	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
	Leatify that th	e information supplied with	this filing does not qualify for			d in Chanter 119	9. Florida Statutes 1	further cert	ify that the info	ormation
indicated limited lia	on this repo	e information supplied with ort is true and accurate and t iny or the receiver or trustee.	hat my signature shall have empowered to execute this	e the same s report a	e legal effect as if s required by Cha	made under oa opter 608, Florida	th; that I am a mana Statutes.	aging mem	ber or manag	er of the

Thomas J Keady

RE AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE