


064

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000015716 1. Entity Name BAINBRIDGE JACKSONVILLE LLC |  |
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|---|---|
| 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 |
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04232008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 37-1465416 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAVID J. POWERS, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

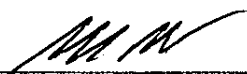
| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHECHTER, RICHARD A 12791 WEST FOREST HILL BLVD., SUITE 5B WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEADY, THOMAS 12791 WEST FOREST HILL BLVD., SUITE 5B WELLINGTON, FL 33414 |
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05/22/08-80057-004 143.75

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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:



Rick Giles 4/ 29/08 561-333-3669

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

Date

Daytime Phone #