

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000016962 1. Entity Name BAINBRIDGE MANAGEMENT JACKSONVILLE LLC	
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Principal Place of Business 12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414	Mailing Address 12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414
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04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0514308	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID J. POWERS, PA 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U00000351620
05/02/05-80153-016 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, RICHARD A 12791 W. FOREST HILL BLVD. BS WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, SHEILA 12791 W. FOREST HILL BLVD. BS WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEADY, THOMAS 12791 W. FOREST HILL BLVD. BS WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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:

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

Date

Daytime Phone #

Thomas Keady 4/29/05 541 333 3669