

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90195 030 ****55.00

DOCUMENT # L03000016962

1. Entity Name
BAINBRIDGE MANAGEMENT JACKSONVILLE LLC



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
45-0514308

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, PA
7777 GLADES RD., STE. 300
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete
NAME SCHECHTER, RICHARD A
STREET ADDRESS 12791 W. FOREST HILL BLVD. BS
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D ☒ Delete
NAME MEAD, SHEILA
STREET ADDRESS 12791 W. FOREST HILL BLVD. BS
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D ☐ Delete
NAME KEADY, THOMAS
STREET ADDRESS 12791 W. FOREST HILL BLVD. BS
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Thomas J Keady

4/30/07

561-333-3669