


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90007 018 \*\*\*\*\*55.00

<b>DOCUMENT # L03000019424</b> 1. Entity Name <b>BAINBRIDGE VERO LLC</b>	
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Principal Place of Business <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>	Mailing Address <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>13-1668384 73-1668384</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**DAVID J. POWERS, P.A.  
7777 GLADES RD., STE. 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**

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

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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:**  **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 #