2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

06

DOCUMENT # L03000019433

1. Entity Name
BAINBRIDGE VERO INVESTMENTS LLC

Principal Place of Business	Mailing Address
12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414	12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

03202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
73-1668397

☐ 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, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000548478
05/12/06-80066-004 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	SCHECHTER, RICHARD A
STREET ADDRESS	12791 W. FOREST HILL BLVD., BS
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	MEAD, SHEILA
STREET ADDRESS	12971 W. FOREST HILL BLVD., BS
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	KEADY, THOMAS
STREET ADDRESS	12971 W. FOREST HILL BLVD., BS
CITY-ST-ZIP	WELLINGTON, FL 33414
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 #