

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000036337

1. Entity Name

BAINBRIDGE 1900 INVESTMENTS, LLC



Principal Place of Business

12765 W. FOREST HILL BLVD, SUITE 1307
WELLINGTON, FL 33414

Mailing Address

12765 W. FOREST HILL BLVD, SUITE 1307
WELLINGTON, FL 33414



04212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0935278

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, RICHARD A
12765 W. FORREST HILL BLVD, STE. 1307
WELLINGTON, FL 33414

**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, 2005**

U00000351634
05/02/05-80153-023 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	12791 W. FOREST HILL BLVD. BS
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	KEADY, THOMAS
STREET ADDRESS	12791 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	

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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

Thomas Keady

4/29/05

501 333 3669

Date

Daytime Phone #