

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

011-
FILED
May 01, 2006 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



04192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0935278

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHECHTER, RICHARD A
12791 W. FOREST HILL BLVD. BS
WELLINGTON, FL 33414

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEAD, SHEILA
12791 W. FOREST HILL BLVD. BS
WELLINGTON, FL 33414

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

U00000548577
05/12/06-80069-019 55.00

**DO NOT WRITE
IN THIS SPACE**

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 #