

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036337

FILED
Apr 21, 2009
Secretary of State

Entity Name: BAINBRIDGE 1900 INVESTMENTS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0935278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: SCHECHTER, RICHARD A
Address: 12791 W. FOREST HILL BLVD. BS
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MEAD, SHEILA
Address: 12791 W. FOREST HILL BLVD. BS
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: KEADY, THOMAS
Address: 12791 W. FOREST HILL BLVD. BS
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 KEADY

MBR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date