

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000036478

1. Entity Name
BAINBRIDGE CONSTRUCTION KENSINGTON LLC



Principal Place of Business
**12765 WEST FOREST HILL BLVD., STE. 1307
WELLINGTON, FL 33414**

Mailing Address
**12765 WEST FOREST HILL BLVD., STE. 1307
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1213367

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEFREY A. DEUTCH, 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, 2005**

**U00000351622
05/02/05-80153-017 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SCHECHTER, RICHARD A
12791 W. FOREST HILL BLVD. BS
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MEAD, SHEILA
12791 W. FOREST HILL BLVD. BS
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
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

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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

Date

Daytime Phone #

Thomas Keady

4/29/05

561 333 3469