


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

032  
**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000026246</b> 1. Entity Name <b>BAINBRIDGE CONSTRUCTION PARK CENTRAL LLC</b>		
Principal Place of Business <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>	Mailing Address <b>12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414</b>	



04232008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3716985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>JEFFREY A. DEUTCH, P.A.</b> <b>7777 GLADES ROAD, STE. 300</b> <b>BOCA RATON, FL 33434</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	SCHECHTER, RICHARD A
STREET ADDRESS	12791 W FOREST HILL BLVD STE 5B
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**      4/23/08      561-333-3669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #