


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

542

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

DOCUMENT # L04000071758 1. Entity Name BAINBRIDGE DEVELOPMENT INVESTMENTS LLC	
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Principal Place of Business 12791 WEST FOREST HILL BOULEVARD SUITE 5B WELLINGTON, FL 33414	Mailing Address 12791 WEST FOREST HILL BOULEVARD SUITE 5B WELLINGTON, FL 33414
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04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 05-0609729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVID J POWERS, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434	<h2>DO NOT WRITE IN THIS SPACE</h2>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


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

000000942047
05/29/08-80004-008 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	SCHECHTER, RICHARD A
STREET ADDRESS	12791 W FOREST HILLS BLVD, # 5-B
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Rick Giles** 4/ 29/08 561-333-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #