

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90007 024 ****55.00

DOCUMENT # L04000071989

1. Entity Name
BAINBRIDGE MAITLAND CONSULTING LLC



Principal Place of Business
**12791 WEST FOREST HILL BLVD., STE. 5B
WELLINGTON, FL 33414**

Mailing Address
**12791 WEST FOREST HILL BLVD., STE. 5B
WELLINGTON, FL 33414**



03162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0671909 05-0609730 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID J. POWERS, P.A.
7777 GLADES ROAD, 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHECHTER, RICHARD A
12791 W. FOREST HILL BLVD. #5-B
WELLINGTON, FL 33414**

TITLE
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STREET ADDRESS
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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** **4/20/06** **561-333-3669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #