## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000071989

1. Entity Name

BAINBRIDGE MAITLAND CONSULTING LLC



FILED 036 May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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

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



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0609732 Applied For Not Applicable

5. Certificate of Status Desired

4123108

561-333-3669

Dayl₁me Phone #

Thomas J. Keady

\$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

SIGNATURE:

## 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 rein: | stating) DATE                         |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  |   |   |                                       |
| 9.  | MANAGING MEMBERS/MANAGERS   |   | 05/29/08-80007-023 143.75             |
| TITLE   | MGRM  |   | , , , , , , , , , , , , , , , , , , , |
| NAME  | SCHECHTER, RICHARD A  | V   | ,                                     |
| STREET ADDRESS  | 12791 W. FOREST HILL BLVD. #5-B   | · · ·   |                                       |
| CITY-ST-ZIP   | WELLINGTON, FL 33414  |   | •                                     |
| TITLE   |   |   | ,                                     |
| NAME  |   |   | ,                                     |
| STREET ADDRESS  |   |   |                                       |
| CITY-ST-ZIP   |   | 45.00   |                                       |
| TITLE   |   |   |                                       |
| NAME  |   |   |                                       |
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| CITY - ST - ZIP   |   |   | OO NOT WRITE                          |
| TITLE   | -   |   | IN THIS SPACE                         |
| NAME  |   | , ,   | IN THIS SPACE                         |
| STREET ADDRESS  |   |   |                                       |
| CITY-ST-ZIP   |   |   |                                       |
| TITLE   |   |   |                                       |
| NAME  |   |   |                                       |
| STREET ADDRESS  |   |   |                                       |
| CITY-ST-ZIP   |   | <del></del>   |                                       |
| TITLE   |   |   | ·                                     |
| NAME  |   | i   |                                       |
| STREET ADDRESS  |   | 1   | 4                                     |
| CITY-ST-ZIP   |   |   |                                       |
| 11. I hereby certify that the information supplied with this filing detained 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 wall 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 of fustee exprovered to execute this report as required by Chapter 608, Florida Statutes. |   |   |                                       |

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE