2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000003483

BAINBRIDGE MARKET PLACE MANAGER LLC

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

Principal Place of Business

Mailing Address

WELLINGTON, FL 33414

12765 WEST FOREST HILL BOULEVARD, STE 1307 12765 WEST FOREST HILL BOULEVARD, STE 1307 WELLINGTON, FL 33414



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 25-1908029

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A. DEUTCH, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		100 0000 1 32 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHECHTER, RICHARD A 12791 W. FOREST HILL BLVD #5B WELLINGTON, FL 33414			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN TH	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/29/08

561-333-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #