## **2008 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P98000029939

SIGNATURE:



## FILED May 22, 2008 8:00 am Secretary of State 05-22-2008 90023 022 \*\*\*158.75

4/<sup>33</sup>/08 561-333-3669

Date

Daytime Phone #

Thomas J. Keady

SIGNING OFFICER OR DIRECTOR

BAINBRIDGE MANAGEMENT, INC.										
Principal Place of Business 12791 W FOREST HILL BLVD STE 5B WELLINGTON, FL 33414		Mailing Address 12791 W FOREST HILL BLVD STE 5B WELLINGTON, FL 33414			600 <b>4</b> 36V8					
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	04232008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State				4. FEI Numb			<del></del>	plied For Applicable
Zip	Country	Zip	Coun	itry			of Status Desired		\$8.75 Add	itional
	6. Name and Address of Current I	Registered Agent				7. Name and	Address of New	Registered A	Agent	
				Name						
12791 W F	ER, RÍCHARD A OREST HILL BLVD		Street Address (P.O. Box Number is Not Acceptable)							
#5B WELLING	FON, FL 33414		-							
				City				FL	Zip Code	9
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 pyrited name of registered agent, and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE										
	- Alexand									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.(	9. Election Campai Trust Fund Contr	-	ncing		.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	DPS 🏶	☐ Delete	TITL	E					☐ Change	Addition
NAME	SCHECHTER, RICHARD A		NAM	1E						
STREET ADDRESS	12791 W FOREST HILL BLVD #5	БВ		EET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY	'-ST-ZIP						
TITLE	AS	Delete	TITL	E [					Change	Addition
NAME	GAZIANO, BARBARA	,	NAM	- !						
STREET ADDRESS	12791 W FOREST HILL BLVD #	5B		EET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY	(-Si-ZIP			<u> </u>			
TITLE		☐ Delete	TITL		AS	10	I		☐ Change	Addition
NAME			NAM	1	N.N.	NCONE	orest Will of FL 3	Blud	5-8	·
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CITY-ST-ZIP					LL)C	MARGINA	7 FL 3	3417		
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TITLE		☐ Delete	TITL				···	<u></u>	Change	Addition
NAME		Coloic	NAM	1					change	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
12. I hereby	certify that the information supplied with I on this report or supplemental report in poration or the receiver or hastee emp	this filing does not qualify for true and accurate and that r	or the ex	emptions co	ontained ave the	d in Chapter 11 same legal effe	9. Florida Statutes	. I further cer	tify that the in	nformation or director
chanced	or on an attachment with an address	owered to execute this report	y Byu	med by Cha	או <del>ם</del> ו סט	r, riuliua Statul	es, and that my na	ine appears	III DIOCK TO O	DIOCK LTT