


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

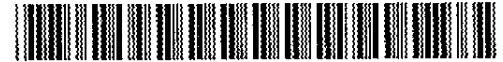
**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000000864  
 1. Entity Name  
 OLD BRIDGE PARK, LLC



Principal Place of Business 10800 LAKESIDE DR MIAMI, FL 33156	Mailing Address P.O. BOX 2547 FORT MYERS, FL 33902
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1404220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUNDSTROM, WILLIAM  
 2548 BLAIRSTONE PINES DR  
 TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHENKMAN, JOEL P.O. BOX 2547 FORT MYERS, FL 33902
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 04/05/04-80081-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joel Schenkman* 2-10-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #