

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 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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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1st MOORE CR2E083 (10/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **61-1404220** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUNDSTROM, WILLIAM
2548 BLAIRSTONE PINES DR
TALLAHASSEE FL 32303**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEOP <input type="checkbox"/> Delete SCHENKMAN, JOEL P.O. BOX 2547 FORT MYERS FL 33902
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C <input type="checkbox"/> Delete SCHENKMAN, JACK 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP <input type="checkbox"/> Delete SCHENKMAN, MICHAEL 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST <input type="checkbox"/> Delete SCHENKMAN, MIRIAM 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000686670 04/10/07-80008-021 50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3-28-07 239-543 1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #