

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90155 011 ***138.75



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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

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 _____ DATE _____
(NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
-Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **CEOP** Delete
NAME: **SCHENKMAN, JOEL**
STREET ADDRESS: **P.O. BOX 2547**
CITY-ST-ZIP: **FORT MYERS FL 33902**

TITLE: **Secretary, Treasurer** Change Addition
NAME: **Schenkman, Randy**
STREET ADDRESS: **10800 Lakeside Dr**
CITY-ST-ZIP: **Coral Gables, FL 33156**

TITLE: **C** Delete
NAME: **SCHENKMAN, JACK**
STREET ADDRESS: **6605 SW 109 ST**
CITY-ST-ZIP: **MIAMI FL**

TITLE: **V.P.** Change Addition
NAME: **Schenkman, Lara**
STREET ADDRESS: **10800 Lakeside Dr**
CITY-ST-ZIP: **Coral Gables, FL 33156**

TITLE: **VP** Delete
NAME: **SCHENKMAN, MICHAEL**
STREET ADDRESS: **6605 SW 109 ST**
CITY-ST-ZIP: **MIAMI FL**

TITLE: **P.O. Box** Change Addition
NAME: **P.O. Box 562020**
STREET ADDRESS: **Miami, FL 33256**

TITLE: **ST** Delete
NAME: **SCHENKMAN, MIRIAM**
STREET ADDRESS: **6605 SW 109 ST**
CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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: *Joel Schenkman* *Chairman/President* **3-19-08** **239-543 1005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #