

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000864

FILED
Apr 03, 2009
Secretary of State

Entity Name: OLD BRIDGE PARK, LLC

Current Principal Place of Business:

10800 LAKESIDE DR
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2547
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 61-1404220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEOP () Delete
Name: SCHENKMAN, JOEL
Address: P.O. BOX 2547
City-St-Zip: FORT MYERS, FL 33902

Title: VP () Delete
Name: SCHENKMAN, MICHAEL
Address: POB 562020
City-St-Zip: MIAMI, FL 33256

Title: ST () Delete
Name: SCHENKMAN, RANDY
Address: 10800 LAKESIDE DR
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: SCHENKMAN, LARA
Address: 10800 LAKESIDE DR
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CEOP

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date