

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000864

Entity Name: OLD BRIDGE PARK, LLC

FILED  
Jan 09, 2012  
Secretary of State

**Current Principal Place of Business:**

5195 NW 77 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5195 NW 77 AVE  
MIAMI, FL 33166

**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 32301 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  
Name: SCHENKMAN, JOEL  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: ST  
Name: SCHENKMAN, RANDY  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: HECHTKOPF, LARA S ESQ  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: SCHENKMAN, IAN  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby 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: IAN SCHENKMAN

VP

01/09/2012

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