


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003350</b> 1. Entity Name OLD BRIDGE PARK SANDESTIN, LLC	
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Principal Place of Business 10800 LAKESIDE DR. CORAL GABLES FL 33156	Mailing Address P.O. BOX 2547 FORT MYERS FL 33902
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1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number <b>04-3728341</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>BRANNAN, ROBERT C</b> <b>2548 BLAIRSTONE PINES DR.</b> <b>TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code                 </div>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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
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FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	CEOP SCHENKMAN, JOEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">U00000455864</div> <div style="text-align: center; font-weight: bold;">03/16/06-80009-005 50.00</div>
NAME	10800 LAKESIDE DR.	NAME	
STREET ADDRESS	CORAL GABLES FL 33156	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENKMAN, JACK	NAME	
STREET ADDRESS	6605 SW 109 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENKMAN, MICHAEL	NAME	
STREET ADDRESS	6605 SW 109 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENKMAN, MIRIAM	NAME	
STREET ADDRESS	6605 SW 109 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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, CEO	3/2/06
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239-543-1005