

DOCUMENT # M02000003350

1. Entity Name

OLD BRIDGE PARK SANDESTIN, LLC



FILED  
Apr 02, 2007 08:00 AM  
Secretary of State



Principal Place of Business

10800 LAKESIDE DR.  
CORAL GABLES FL 33156

Mailing Address

P.O. BOX 2547  
FORT MYERS FL 33902

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

04-3728341

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

BRANNAN, ROBERT C  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: GEOP  
NAME: SCHENKMAN, JOEL  
STREET ADDRESS: 10800 LAKESIDE DR.  
CITY-STATE-ZIP: CORAL GABLES FL 33156  
 Delete

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

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

000000686663  Change  Addition  
04/10/07-80008-019 50.00

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

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

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

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

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-STATE-ZIP:  Delete

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

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-STATE-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:

3-28-07

239-543-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #