

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

DOCUMENT # M02000003350



**FILED**

2008 APR 10 AM 8:17

1. Entity Name

OLD BRIDGE PARK SANDESTIN, LLC

Principal Place of Business

10800 LAKESIDE DR.  
CORAL GABLES FL 33156

Mailing Address

P.O. BOX 2547  
FORT MYERS FL 33902

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

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 the filer (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

**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

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

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

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

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

10. ADDITIONS/CHANGES

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

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

TITLE: VP  Change  Addition  
NAME: Schenkman, Michael  
STREET ADDRESS: P.O. Box 562020  
CITY-ST-ZIP: Miami, FL 33256

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS: 200123856452  
CITY-ST-ZIP: 04/17/08--01012--018 \*\*288.75

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

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Chairman/President*  
3-19-08

239-543 1005

Daytime Phone #