

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003350

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: OLD BRIDGE PARK SANDESTIN, LLC

**Current Principal Place of Business:**

10800 LAKESIDE DR.  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2547  
FORT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 04-3728341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANNAN, ROBERT C  
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: ST ( ) Delete  
Name: SCHENKMAN, RANDY  
Address: 10800 LAKESIDE DR.  
City-St-Zip: CORAL GABLES, FL 33156

Title: CEOP ( ) Delete  
Name: SCHEBJNAB, JOEL  
Address: 10800 LAKESIDE DR  
City-St-Zip: CORAL GABLES, FL 33156

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

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

Title: ST (X) Delete  
Name: SCHENKMAN, MIRIAM  
Address: 6605 SW 109 ST  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES:**

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

Title: CEOP (X) Change ( ) Addition  
Name: SCHENKMAN, JOEL  
Address: 10800 LAKESIDE DR  
City-St-Zip: CORAL GABLES, FL 33156

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