

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90048 022 \*\*\*\*50.00

<b>DOCUMENT # M0300000028</b>	
1. Entity Name	
OLD BRIDGE PARK CELEBRATION, LLC	



Principal Place of Business	Mailing Address
10800 LAKESIDE DRIVE CORAL GABLES FL 33156	10800 LAKESIDE DRIVE CORAL GABLES FL 33156

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P. O. Box 2547 Suite, Apt. #, etc.

City & State	City & State
	Ft. Myers, Fl.
Zip	Country
33902	US

4. FEI Number	Applied For
83-0345206	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input type="checkbox"/>	



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent	
BRANNAN, ROBERT C ESQ. ROSE, SUNDBSTROM & BENTLEY, LLP 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHENKMAN, JOEL 10800 LAKESIDE DRIVE CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Emeritus Jack Schenkman 6605 SW 109 St Miami, Fl. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice-President Michael Schenkman 6605 SW 109 St Miami, Fl. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Miriam Schenkman 6605 SW 109 St Miami, Fl. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 2/17/05 239-543-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #