

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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



DOCUMENT # M03000000028
1. Entity Name
OLD BRIDGE PARK CELEBRATION, LLC

Principal Place of Business Mailing Address
10800 LAKESIDE DRIVE P O BOX 2547
CORAL GABLES FL 33156 FORT MYERS FL 33902

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
83-0345206 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 **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 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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEOP SCHENKMAN, JOEL <input type="checkbox"/> Delete 10800 LAKESIDE DRIVE CORAL GABLES FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C SCHENKMAN, JACK <input type="checkbox"/> Delete 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP SCHENKMAN, MICHAEL <input type="checkbox"/> Delete 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SCHENKMAN, MIRIAM <input type="checkbox"/> Delete 6605 SW 109 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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* Joel Schenkman, CEO 3/2/06

839-543-1005