

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200000864

**Entity Name:** OLD BRIDGE PARK, LLC

**Current Principal Place of Business:**

5195 NW 77 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

5195 NW 77 AVE  
MIAMI, FL 33166

**FEI Number:** 61-1404220

**Certificate of Status Desired:** No

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

HECHTKOPF, LARA S  
5195 NW 77 AVE  
MIAMI, FL 33166 US

*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:** LARA HECHTKOPF

01/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEOP  
Name            SCHENKMAN, JOEL  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            ST  
Name            SCHENKMAN, RANDY  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            VP  
Name            HECHTKOPF, LARA SESQ  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            VP  
Name            SCHENKMAN, IAN  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IAN SCHENKMAN

VP

01/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date