

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000030

1. Entity Name
OLD BRIDGE VILLAGE, L.L.P.



Principal Place of Business
300 BAY DRIVE SOUTH
BRADENTON BEACH FL 34217

Mailing Address
300 BAY DRIVE SOUTH
BRADENTON BEACH FL 34217



2. Principal Place of Business
115 THIRD STREET SOUTH
Suite, Apt. #, etc.

3. Mailing Address
115 THIRD STREET SOUTH
Suite, Apt. #, etc.

03242004 Chg-LP CR2E003 (10/03)

City & State
BRADENTON BEACH FL
Zip
34217
Country
USA

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BRADENTON BEACH FL
Zip
34217
Country
USA

4. FEI Number
75-2975840
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEITELBAUM, DAVID
300 BAY DRIVE SOUTH
BRADENTON BEACH, FL 34217

7. Name and Address of New Registered Agent

Name
TEITELBAUM, DAVID
Street Address (P.O. Box Number is Not Acceptable)
115 THIRD STREET SOUTH
City
BRADENTON BEACH FL Zip Code
34217

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 title if applicable.

4-8-04
DATE

9. Capital Contributions
as Shown on record. \$390,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000087438
NAME OLD BRIDGE VILLAGE, INC.
STREET ADDRESS 300 BAY DRIVE SOUTH
CITY-ST-ZIP BRADENTON BEACH, FL 34217

STREET ADDRESS 115 THIRD STREET SOUTH
CITY-ST-ZIP BRADENTON BEACH FL 34217

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-8-04

Date

941-778-0156

Daytime Phone #

STAPLE CHECK HERE