

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023643

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: OLD BRICK ROAD ESTATES I, L.L.C.

**Current Principal Place of Business:**

5801 CONGRESS AVE.  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5801 CONGRESS AVE.  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 65-0775074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOMBACH, GEOFFREY S ESQ.  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE, FL 33394 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: MGRM ( ) Delete  
Name: WOLT, STEVE  
Address: 5801 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: SIEMENTS, RICHARD  
Address: 5801 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOLF, STEVE  
Address: 5801 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition  
Name: SIEMENS, RICHARD  
Address: 5801 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33487

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: STEVE WOLF

MGRM

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date