


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M02000003350 1. Entity Name OLD BRIDGE PARK SANDESTIN, LLC |  |
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|---|---|
| Principal Place of Business 10800 LAKESIDE DR. CORAL GABLES, FL 33156 | Mailing Address 10800 LAKESIDE DR. CORAL GABLES, FL 33156 |
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07062004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 04-3728341 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BRANNAN, ROBERT C 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 |
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IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

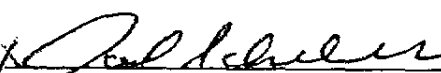
**Filing Fee is \$50.00
Due by September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHENKMAN, JOEL 10800 LAKESIDE DR. CORAL GABLES, FL 33156 |
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07/19/04-80004-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: 7-15-04 Daytime Phone: 239-543-1005