


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 025 ****50.00

| | | | | | |
|--|---------------------------------|---------------------------------|---|---|--|
| DOCUMENT # M02000003350 | | | |  | |
| 1. Entity Name OLD BRIDGE PARK SANDESTIN, LLC | | | | | |
| Principal Place of Business 10800 LAKESIDE DR. CORAL GABLES FL 33156 | | | Mailing Address 10800 LAKESIDE DR. CORAL GABLES FL 33156 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | P.O. Box 2547 | | |
| City & State | | | City & State | | |
| Zip | | | Zip | | |
| Country | | | Country | | |
| 33902 | | | 45 | | |
| 4. FEI Number | | | Applied For | | |
| 04-3728341 | | | Not Applicable | | |
| 5. Certificate of Status Desired | | | \$5.00 Additional Fee Required | | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BRANNAN, ROBERT C 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 | | | 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 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | President & Chief Executive Officer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHENKMAN, JOEL | | NAME | | |
| STREET ADDRESS | 10800 LAKESIDE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33156 | | CITY-ST-ZIP | | |
| TITLE | Chairman Emeritus | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jack Schenkman | | NAME | | |
| STREET ADDRESS | 6605 SW 109 St | | STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL | | CITY-ST-ZIP | | |
| TITLE | Executive Vice President | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Schenkman | | NAME | | |
| STREET ADDRESS | 6605 SW 109 St | | STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL | | CITY-ST-ZIP | | |
| TITLE | Secretary/Treasurer | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Miriam Schenkman | | NAME | | |
| STREET ADDRESS | 6605 SW 109 St | | STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/05

Date

239-543-1005

Daytime Phone #