## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # M02000003350 1. Entity Name 02-28-2005 90048 025 \*\*\*\*50.00 OLD BRIDGE PARK SANDESTIN, LLC Principal Place of Business Mailing Address 10800 LAKESIDE DR. 10800 LAKESIDE DR. CORAL GABLES FL 33156 CORAL GABLES FL 33156 2. Principal Place of Business 3. Mailing Address P.O. Box 2547 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 04-3728341 Ft. Myers, Not Applicable Zip Ζíρ Country Country \$5.00 Additional 45 5. Certificate of Status Desired 33902 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNAN, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. Change TITLE MGR . Delete TITLE ☐ Addition President & Chief Executive SCHENKMAN, JOEL NAME Officer STREET ADDRESS 10800 LAKESIDE DR. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **XX**Addition Chairman Emeritus NAME NAME Jack Schenkman STREET ADDRESS STREET ADDRESS 6605 SW 109 St CITY-ST-7IP CHY-ST-7IP Miami, Fl. **Addition** THE ☐ Detete TITLE Change Executive Vice President NAME NAME Michael Schenkman STREET ADDRESS STREET ADDRESS 6605 SW 109 St CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. TITLE Secretary/Treasurer □ Delete TITLE Change Addition Miriam Schenkman STREET ADDRESS STREET ADDRESS 6605 SW 109 St CITY-ST-ZIP CITY-ST-7IP Miami, Fl. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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.

IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/05

239-543-1005

Davtime Phone #

FILED