

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003350

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** OLD BRIDGE PARK SANDESTIN, LLC

**Current Principal Place of Business:**

10800 LAKESIDE DR.  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2547  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 04-3728341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANNAN, ROBERT C  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301 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:** ST  
**Name:** SCHENKMAN, RANDY  
**Address:** 10800 LAKESIDE DR.  
**City-St-Zip:** CORAL GABLES, FL 33156

**Title:** CEOP  
**Name:** SCHENKMAN, JOEL  
**Address:** 10800 LAKESIDE DR  
**City-St-Zip:** CORAL GABLES, FL 33156

**Title:** VP  
**Name:** SCHENKMAN, LARA  
**Address:** 10800 LAKESIDE DR  
**City-St-Zip:** CORAL GABLES, FL 33156

**Title:** VP  
**Name:** SCHENKMAN, MICHAEL  
**Address:** PO BOX 562020  
**City-St-Zip:** MIAMI, FL 33256

I hereby 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:** JOEL SCHENKMAN

CEOP

02/26/2010

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