

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M03000000028

**FILED**  
**Nov 04, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

10800 LAKESIDE DRIVE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

5195 NW 77 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

P O BOX 2547  
FORT MYERS, FL 33902

**New Mailing Address:**

5195 NW 77 AVE  
MIAMI, FL 33166

**FEI Number:** 83-0345206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANNAN, ROBERT C ESQ.  
ROSE, SUNDSTROM & BENTLEY, LLP  
2548 BLAIRSTONE PINES DRIVE  
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: CEOP  
Name: SCHENKMAN, JOEL  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: ST  
Name: SCHENKMAN, RANDY  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: EVP  
Name: SCHENKMAN, LARA ESQ  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: CFO  
Name: SCHENKMAN, IAN  
Address: 5195 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: EVP  
Name: SCHENKMAN, MICHAEL  
Address: P. O. BOX 562020  
City-St-Zip: MIAMI, FL 33156

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

11/04/2010

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