

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# L08000090762

Entity Name: CASTLE PINES GOLF VILLAS, LLC

Current Principal Place of Business:

575 SW MERCANTILE PLACE STE 111
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

575 SW MERCANTILE PLACE STE 111
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-3371649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIDEMAN, RICHARD JR
3100 PARKWAY BLVD
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

HEIDEMAN, RICHARD JR
575 NW MERCANTILE PLACE
SUITE 111
PORT ST. LUCIE, FL 34986 US

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: _____ 01/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RHM HOTELS AND CONDO, MINIUMS
Address: 3100 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RHM HOTELS AND CONDO, MINIUMS
Address: PO BOX 42727
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: HEIDEMAN, RICHARD JR
Address: 3100 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM (X) Change () Addition
Name: HEIDEMAN, RICHARD JR
Address: PO BOX 42727
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD HEIDEMAN MGRM 01/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date