

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016010
 1. Entity Name
 PARKVIEW HOSPITALITY GROUP, LLC



Principal Place of Business Mailing Address
 4401 VINELAND RD., SUITE A-16 4401 VINELAND RD., SUITE A-16
 ORLANDO, FL 32811 ORLANDO, FL 32811



04082005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1837729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, GREG
 4401 VINELAND RD., SUITE A-16
 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, GREG 2227 LAKE VILMA ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H JR. 2833 BUTLER BAY DRIVE NORTH WINDERMER, FL 34786
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 04/14/05-80099-023 50.00

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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.

SIGNATURE: _____ DATE: 4/8/05 DAYTIME PHONE #: 407-838-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE