

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 001 ****50.00

20021871

DOCUMENT # L02000016010 1. Entity Name PARKVIEW HOSPITALITY GROUP, LLC																											
Principal Place of Business 4401 VINELAND RD., SUITE A-16 ORLANDO, FL 32811		Mailing Address 4401 VINELAND RD., SUITE A-16 ORLANDO, FL 32811																									
2. Principal Place of Business 4303 Vineland Road Suite, Apt. #, etc. F-12 City & State Orlando, FL Zip 32811		3. Mailing Address 4303 Vineland Road Suite, Apt. #, etc. F-12 City & State Orlando, FL Zip 32811																									
6. Name and Address of Current Registered Agent WRIGHT, GREG 4401 VINELAND RD., SUITE A-16 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4303 Vineland Road, Ste F12 City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WRIGHT, GREG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2227 LAKE VILMA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32835</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	WRIGHT, GREG		STREET ADDRESS	2227 LAKE VILMA		CITY-ST-ZIP	ORLANDO, FL 32835		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											