2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044513

1. Entity Name
PRESTWICK #3096, L.L.C.

Principal Place of Business	Mailing Address
C/O GOLF HOST RESORTS INC. 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	C/O GOLF HOST RESORTS INC. 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684

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2. Principal Place of Business	3. Mailing Address	04122005 Chg-LLC CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number $20-1401721$ — Applied For / Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIOTT, HERBERT 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE MGR NAME GOLF HOST RESORTS INC. STREET ADDRESS 36750 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
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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: _____R. Keith Wells_____   4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #