

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094356

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** PARKWAY PALMS RESORT MAINGATE, LLC

**Current Principal Place of Business:**

209 TOWN CENTER BLVD.  
DAVENPORT, FL 33896

**New Principal Place of Business:**

3100 PARKWAY BLVD  
KISSIMMEE, FL 34747

**Current Mailing Address:**

209 TOWN CENTER BLVD.  
DAVENPORT, FL 33896

**New Mailing Address:**

3100 PARKWAY BLVD  
KISSIMMEE, FL 34747

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

REID, ERNEST L  
209 TOWN CENTER BLVD.  
DAVENPORT, FL 33896 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HAYES, THOMAS J  
Address: 209 TOWN CENTER BLVD.  
City-St-Zip: DAVENPORT, FL 33896

Title: MGRM ( ) Delete  
Name: REID, ERNEST L  
Address: 209 TOWN CENTER BLVD.  
City-St-Zip: DAVENPORT, FL 33896

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERNEST L REID JR

MGRM

04/30/2005

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