

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000062423 1. Entity Name THE PALMS HOTEL & VILLAS, LLC					
Principal Place of Business 3100 PARKWAY BLVD KISSIMMEE, FL 34747			Mailing Address 3100 PARKWAY BLVD KISSIMMEE, FL 34747		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3032278	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANRING, MARK 3100 PARKWAY BLVD KISSIMMEE, FL 34747			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				DATE 3/14/07	
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR HAYES, THOMAS J 3100 PARKWAY BLVD KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Hotel Condo Services, LLC 3100 Parkway Blvd Kissimmee, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR REID, ERNEST L 3100 PARKWAY BLVD KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000095245880 03/29/07--01050--009 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MANRING, MARK 3100 PARKWAY BLVD KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date: 3/14/07		Daytime Phone #: 407-396-2229