


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**


01-24-2006 90041 028 \*\*\*\*50.00  
01-30-2006 90149 024 \*\*\*\*50.00

<b>DOCUMENT # L05000071304</b>	
1. Entity Name <b>PARK PLAZA HOLDINGS, LLC</b>	

Principal Place of Business <b>2949 WEST SR 434, SUITE 300 LONGWOOD, FL 32779</b>	Mailing Address <b>2949 WEST SR 434, SUITE 300 LONGWOOD, FL 32779</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country


	
01122006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3185277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MILLER, SOUTH, MILHAUSEN &amp; CARR, P.A. C/O RICHARD D. BAXTER, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789</b>	
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7. Name and Address of New Registered Agent Name <b>Miller, South &amp; Milhausen, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Richard D. Baxter, Esq.</b> <b>1000 Legion Place, Suite 1200</b> City <b>Orlando,</b> <b>FL</b> Zip Code <b>32801</b>	
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 <b>January 1/20/06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONOVAN, GEORGE P 2949 WEST SR 434, SUITE 300 LONGWOOD, FL 32779 <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
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE: <b>1/25/06</b> DAYTIME PHONE #: <b>407-646-4334</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	