2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000071304**

1. Entity Name
PARK PLAZA HOLDINGS, LLC

FILED Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

2949 WEST SR 434, SUITE 300 LONGWOOD, FL 32779 Mailing Address

2949 WEST SR 434, SUITE 300 LONGWOOD, FL 32779



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3185277 Applied For Not Applicable

5. Certificate of Status Desired

1-8-07

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A C/O RICHARD D. BAXTER, ESQ. 1000 LEGION PL SUITE 1200 ORLANDO, FL 32801

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

## DO NOT WRITE IN THIS SPACE

| ORLANDO, FL 32801   |                             | IN THIS SPACE                            |
|---|-----------------------------|--|
|   |                             |  |
| 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 propriet frame of positioned agent and title if applicable. (IVCITE: Registered Agent signature required when reinstating)  DATE  |                             |  |
| any season, spool of prignated agosts and uses apparents. (INOTE integrated agosts and required million constantly)   |                             |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |                             |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |
| MITE  | MGR                         |  |
| NAME  | DONOVAN, GEORGE P           |  |
| STREET ACORESS  | 2949 WEST SR 434, SUITE 300 |  |
| CITY-ST-ZIP   | LONGWOOD, FL 32779          |  |
| TITLE   |                             |  |
| NAME<br>STREET ADDRESS  |                             |  |
| CITY-ST-ZIP   |                             | U00000583836<br>01/12/07-80011-024 50.00 |
| TITLE   |                             | 01/12/07-80011-024 50.00                 |
| NAME  |                             |  |
| STREET ADDRESS  |                             | DO NOT WRITE                             |
| CITY-ST-ZIP   |                             | DO NOT WRITE                             |
| TITLE   |                             | IN THIS SPACE                            |
| NAME  |                             | IN THIS OF AGE                           |
| STREET ABDRESS  |                             |  |
| CITY-ST-ZIP   |                             |  |
| TITLE   |                             |  |
| NAME<br>STREET ADDRESS  |                             |  |
| CITY-ST-ZIP   |                             |  |
| llurt.  |                             | <del></del>                              |
| NAME  |                             |  |
| STREET ADDRESS  |                             |  |
| CITY-ST-ZIP   |                             |  |
| 11. I hereby certify that the information supplied with this filling 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 signafule 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                             |  |

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE