

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095841

FILED
Jul 05, 2006
Secretary of State

Entity Name: THE PALM SUITES LAKESIDE, LLC

Current Principal Place of Business:

4786 WEST IRLO MEMORIAL HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

3100 PARKWAY BLVD
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-3468227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANRING, MARK
3100 PARKWAY BLVD
KISSIMMEE, FL 34747 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/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR () Change (X) Addition
Name: HAYES, THOMAS J
Address: 3100 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGMR () Change (X) Addition
Name: REID, ERNEST L
Address: 3100 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGMR () Change (X) Addition
Name: MANRING, MARK
Address: 3100 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK MANRING

MGMR

07/05/2006

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