

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000090762

FILED
May 01, 2009
Secretary of State**Entity Name:** CASTLE PINES GOLF VILLAS, LLC**Current Principal Place of Business:**575 SW MERCANTILE PLACE STE 111
PORT ST LUCIE, FL 34986**New Principal Place of Business:****Current Mailing Address:**575 SW MERCANTILE PLACE STE 111
PORT ST LUCIE, FL 34986**New Mailing Address:****FEI Number:** 26-3371649**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HEIDEMAN, RICHARD JR
575 NW MERCANTILE PLACE
SUITE 111
PORT ST. LUCIE, FL 34986 US**Name and Address of New Registered Agent:**HAYES, TOM
575 NW MERCANTILE PLACE
SUITE 111
PORT ST. LUCIE, FL 34986 US

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: TOM HAYES

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: RHM HOTELS AND CONDOMINIUMS
Address: PO BOX 42727
City-St-Zip: KISSIMMEE, FL 34744**Title:** MGRM () Delete
Name: HEIDEMAN, RICHARD JR
Address: PO BOX 42727
City-St-Zip: KISSIMMEE, FL 34744**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: RHM HOTELS AND CONDOMINIUMS
Address: PO BOX 452727
City-St-Zip: KISSIMMEE, FL 34745**Title:** MGR (X) Change () Addition
Name: HAYES, TOM
Address: PO BOX 452727
City-St-Zip: KISSIMMEE, FL 34745

I hereby certify that the information supplied with this filing does not qualify 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: RICH HEIDEMAN

MGR

05/01/2009

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