


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007181 1. Entity Name PARK PLACE VILLAS, L.L.C.	
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3900 S LOCKWOOD RIDGE RD SARASOTA, FL 34232	Mailing Address 4825 E BUSCH BLVD 208 TAMPA, FL 33617
-------------------------------------------------------------------------------	----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03092005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0959814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  GORDON, DAVID OWNERS PROPERTY MANAGEMENT 4815 E BUSCH BLVD STE 208 TAMPA, FL 33617
----------------------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

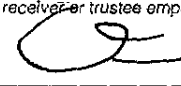
**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENT, GREG 280 ADAMS STREET DENVER, CO 80206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

L000000333071  
04/26/05-80084-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DAVID GORDON, AGENT	4/20/05	813-287-1078
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>