


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90066 009 \*\*\*\*50.00

<b>DOCUMENT # L99000007181</b>	
1. Entity Name <b>PARK PLACE VILLAS, L.L.C.</b>	

Principal Place of Business <b>3900 S LOCKWOOD RIDGE RD SARASOTA, FL 34232</b>	Mailing Address <b>4825 E BUSCH BLVD 208 TAMPA, FL 33617</b>
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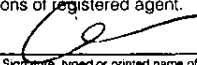
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>14502 N. Dale Mabry</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State		City & State <b>Tampa, FL</b>	
Zip	Country	Zip	Country
		<b>33618</b>	<b>USA</b>



04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GORDON, DAVID OWNERS PROPERTY MANAGEMENT 4815 E BUSCH BLVD STE 208 TAMPA, FL 33617		Name Street Address (P.O. Box Number is Not Acceptable) <b>14502 N. Dale Mabry, Ste 200</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33618</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.

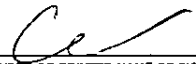
SIGNATURE  **David Gordon, Agent** DATE **4/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</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 KENT, GREG 280 ADAMS STREET DENVER, CO 80206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **David Gordon** DATE **4/27/07** DAYTIME PHONE # **813-287-1078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE