2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

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DOCUI	MENT # M02000003	3251	C.			04-22-2005	-		
1. Entity Nam	ne								
PMW HO	SPITALITY, LLC								
Dringing Disc	z = 1 D. =	8 4 - M							
Principal Place	MAIN STREET	Mailing Address 101 NORTH MAIN STRE	ET		20	1040392			
	RINGS, MI 49103	BERRIEN SPRINGS, MI		İ	•	,0,000~			
					1 (2010211 111			HIR HEEL BILD! 116	68) IN 1681
2 Principal P	lace of Business	3. Mailing Address							
2033 main Street		2033 Main Street						IIIE IRDBI EILEI III	EDI KI IDEK
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04192005	Chg-LLC	CB2E0	10/03)	
Soi te 405 City & State		Suite 405					011220		
Saraso fa, FL		City & State Sarasofa, FL			4. FEI Number Applied For				
Zip	Country	Zip	Country					\$5.00 Add	
3423	7 247,5407,50	34237	Sarassta	ı		of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	Registered /	Agent	
LEXISNEXIS DOCUMENT SOLUTIONS INC.			140110	<u></u>		-			·
1201 HAYS	S STREET	7.77	Street A	ddress (P	P.O. Box Number	er is Not Acceptab	le)		
TALLAHAS	SSEE, FL 32301	•							
	·		City					1 7:- 0-4	
			City				FL	Zip Cod	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office o	r registere	ed agent, or bot	th, in the State of F	florida. I am	familiar with,	and accept
	ions or registered agont.								
SIGNATURE.	Signature, typed or printed name of registered agent in	and title if applicable. (NOTE	: Registered Agent signat	ure required	when reinstating)	 -	DATE		
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						The state of the state of	d%o 24 154	A SEC. L. S.	
Fi D:	iling Fee is \$50.00					Ma	ke check p	ayable to	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005					Ma		ayable to	
Pi Di	ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			Ma Florid	ke check p	ayable to ent of State	
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9. TITLE NAME	MANAGING MEMBE MGRM WESTMAN, RONALD F		TITLE NAME	442	5 Thomas	ADDITIONS	ke check p là Departm	ayable to ent of State	•
9.	MANAGING MEMBE		TITLE	442:	5 Thomas	ADDITIONS	ke check p la Departm S/CHANGES	ent of State	•
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM WESTMAN, RONALD F 101 NORTH MAIN STREET		TITLE NAME STREET ADDRESS	Pana	uma City i	ADDITIONS 5 Dr , P, Beach , FL	ke check place the check place to the check place t	ent of State	•
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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: Det & Wilson Mas DON & Wilson 4/19/05 269-473-1221
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Proce #