


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-22-2005 90047 009 \*\*\*\*50.00

<b>DOCUMENT # M02000003251</b>	
1. Entity Name PMW HOSPITALITY, LLC	

Principal Place of Business 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103	Mailing Address 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103
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2. Principal Place of Business 2033 Main Street	3. Mailing Address 2033 Main Street
Suite, Apt. #, etc. Suite 405	Suite, Apt. #, etc. Suite 405
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34237	Country Sarasota

20040392



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-5383621	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTMAN, RONALD F 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTMAN, PAULINE M 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DONALD 101 NORTH MAIN STREET BERRIEN SPRINGS, MI 49103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Thomas Dr, PH-5 Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Thomas Dr, PH-5 Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Don L Wilson, Mgr</i> DON L WILSON	Date: 4/19/05	Daytime Phone #: 269-473-1221
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