

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90132 014 \*\*\*\*50.00

**DOCUMENT # M02000003251**

1. Entity Name  
PMW HOSPITALITY, LLC



Principal Place of Business

2033 MAIN STREET  
SUITE 405  
SARASOTA, FL 34237

Mailing Address

2033 MAIN STREET  
SUITE 405  
SARASOTA, FL 34237

**DO NOT WRITE IN THIS SPACE**



01302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

37-5383621

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WESTMAN, RONALD F  
2033 MAIN STREET, SUITE 405  
SARASOTA, FL 34237

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WESTMAN, RONALD F  
4425 THOMAS DR, PH-5  
PANAMA CITY BEACH, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WESTMAN, PAULINE M  
4425 THOMAS DR, PH-5  
PANAMA CITY BEACH, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WILSON, DONALD  
101 NORTH MAIN STREET  
BERRIEN SPRINGS, MI 49103

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**

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:**

*Don L. Wilson*

*Don L. Wilson Manager*

*1/30/06*

*269-473-1221*

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

Date

Daytime Phone #