

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 045 ****50.00

DOCUMENT # L04000013955

1. Entity Name
GREAT ESCAPE ENTERPRISES, LLC



Principal Place of Business Mailing Address
1517 E HILLCREST STREET **1517 E HILLCREST STREET**
ORLANDO, FL 32803 US **ORLANDO, FL 32803 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03222005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-0753952 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

20028356



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803		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 _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, NIGEL 14 HANOVERIAN WAY, WHITELEY FAREHAM, HAMPSHIRE, UK P015 7TJ <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 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:  **Managing Member 3/31/05** Date 944-9223949 Daytime Phone #