


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90001 012 ****75.00

DOCUMENT # L04000013955					
1. Entity Name GREAT ESCAPE ENTERPRISES, LLC					
Principal Place of Business 1517 E HILLCREST STREET ORLANDO, FL 32803 --US-			Mailing Address 1517 E HILLCREST STREET ORLANDO, FL 32803 --US-		
2. Principal Place of Business 133 S. Harbor Drive Suite, Apt. #, etc.		3. Mailing Address 133 S. Harbor Drive Suite, Apt. #, etc.		05162006 Chg-LLC CR2E083 (11/05)	
City & State Venice, FL		City & State Venice, FL		4. FEI Number 20-0753952	
Zip 34285		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Peacock & Company, P.A. Street Address (P.O. Box Number is Not Acceptable) 133 Harbor Drive City Venice FL Zip Code 34285		
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 <i>Thomas Peacock</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 5/31/06	
Filing Fee is \$50.00 Due by September 6, 2006			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	901 Scherer Way Osprey, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <i>Thomas Peacock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 5/30/06 Daytime Phone #	