


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L04000013955


1. Entity Name
GREAT ESCAPE ENTERPRISES, LLC



Principal Place of Business Mailing Address

901-SCHERER WAY PO BOX 1156
OSPREY, FL 34229 US 333 S TAMiami TRAIL
OSPREY, FL 34229 US

DO NOT WRITE IN THIS SPACE



03082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0753952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAY, PAMELA
901 SCHERER WAY
OSPREY, FL 34229

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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 *Pamela Day* **PAMELA DAY** DATE **3/10/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000855927
 03/27/08-80071-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, NIGEL 901 SCHERER WAY OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, PAM 901 SCHERER WAY OSPREY, FL 34229
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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: *Pamela Day* **3/10/08** **94 366 5293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #