2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L03000019357

Entity Name: GETAWAY PROPERTIES, L.L.C.

Current Principal Place of Business:

17379 SOUTHWEST 27 COURT ROAD
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

17379 SOUTHWEST 27 COURT ROAD
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 37-1468381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, BARBARA A
17379 SOUTHWEST 27 COURT ROAD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HOLMES, MICHAEL J	
Address:	17379 SOUTHWEST 27 COURT ROAD	
City-St-Zip:	OCALA, FL 34473	
Title:	MGRM	( ) Delete
Name:	HOLMES, BARBARA A	
Address:	17379 SOUTHWEST 27 COURT ROAD	
City-St-Zip:	OCALA, FL 34473	
Title:	MGRM	( ) Delete
Name:	DODGE, JOHN F	
Address:	9935 SW 206 CIRCLE	
City-St-Zip:	DUNNELLON, FL 34430	
Title:	MGRM	( ) Delete
Name:	DODGE, CAROLYN	
Address:	9935 SW 206 CIRCLE	
City-St-Zip:	DUNNELLON, FL 34430	
Title:	MGRM	( ) Delete
Name:	HORNE, KENNETH A	
Address:	55 TEAK COURSE	
City-St-Zip:	OCALA, FL 34472	
Title:	MGRM	( ) Delete
Name:	HORNE, BRENDA W	
Address:	55 TEAK COURSE	
City-St-Zip:	OCALA, FL 34472	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA A. HOLMES MGRM 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date