

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019357

FILED  
Apr 08, 2008  
Secretary of State

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: 4735 SE 112TH STREET ROAD  
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM ( ) Delete  
Name: HORNE, BRENDA W  
Address: 4735 SE 112TH STREET ROAD  
City-St-Zip: BELLEVIEW, FL 34420

**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 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

04/08/2008

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