

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019357

FILED
Apr 14, 2009
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
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Address:
City-St-Zip:

Title: () Change () Addition
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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

04/14/2009

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