

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055987

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: AMERICAN GETAWAYS, LLC

**Current Principal Place of Business:**

912 PINE DRIVE STE. 202  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

956 WEST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

912 PINE DRIVE STE. 202  
POMPANO BEACH, FL 33060

**New Mailing Address:**

956 WEST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

FEI Number: 20-0550125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHONE, LARRY T  
72 N.E. 5TH AVENUE  
DELRAY BEACH, FL 33483 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MULLER, KENNETH W  
Address: 912 PINE DRIVE STE. 202  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM ( ) Delete  
Name: HARK, LESTER A  
Address: 912 PINE DRIVE STE. 202  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: KENNETH W. MULLER

MR.

02/01/2005

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