

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000165

Entity Name: ESCAPE DESIGNS, LLC

FILED  
May 30, 2009  
Secretary of State

**Current Principal Place of Business:**

107E SOUTH 38TH ST  
MEXICO BEACH, FL 32410

**New Principal Place of Business:**

**Current Mailing Address:**

107E SOUTH 38TH ST  
PO BOX 13323  
MEXICO BEACH, FL 32410

**New Mailing Address:**

FEI Number: 20-0558192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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: MORTON, DON  
Address: P.O. BOX 9331  
City-St-Zip: PUEBLO, CO 81008  
  
Title: MGRM ( ) Delete  
Name: MORTON, ASH  
Address: 26507 E KARLYN LOOP PR NE  
City-St-Zip: BENTON CITY, WA 993208856

**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 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: DON MORTON

MGRM

05/30/2009

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