2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035555

THE GREAT ESCAPE, L.L.C.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Aug 10, 2005 8:00 am Secretary of State

08-10-2005 90047 014 ****50.00

2005

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Principal Pla	ce of Business	Mailing Address	7						
1901 CYPRESS ST PENSACOLA, FL 32501		1901 CYPRESS ST PENSACOLA, FL 32501		20066536					
						II GBIII BIBII BBIII BBIB BB	 		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06282005	Chg-LLC	CR2E0	33 (10/03)	
City & State		City & State	City & State		4. FEI Numb	per			oplied For
Zip _ Country		Zip	Zip Country		5 Certifican	e of Status Desired		\$5.00 Add	ot Applicable ditional
6. Name and Address of Current								ee Require	d
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name an	d Address of New F	registered A	gent	
LOZIER, DANIEL R									
	CHASE ST		Street Addres			per is Not Acceptabl	e)		
FENSAC	OLA, FL 32502		-	•					
				City			FL	Zip Cod	e
8. The above	e named entity submits this statemen	t for the purpose of changing it	s registere	ed office or regis	stered agent, or be	oth, in the State of Fl	orida. I am f	amiliar with,	and accept
the obliga	ations of registered agent:								
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if applicable (NO	TF Requetered	Agent signature regu	uired when reinstating)		DATE		
	ang attace, types of printed financial of registered of	i i i i i i i i i i i i i i i i i i i	TE. Hogistered	- gent alguatore requ	area when ten islanding				
	iling Fee is \$50.00 by September 7, 2005					Make check payable to Florida Department of State			
9.	MANAGING MEM	IBERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	Delete	TITLE					Change	Addition
NAME	MITCHELL, JAMES K		NAME						
STREET ADDRESS CITY-SI-ZIP	1901 CYPRESS ST PENSACOLA, FL 32501			T ADDRESS ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	•			☐ Change	☐ Addition
NAME	MITCHELL, CAROLYN G	L Delete	NAME					Onenge	L.J Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	MGRM BROWN, THOMAS J	☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS	· ·		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32501			ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BROWN, MARTHA A		NAME	1					
STREET ADDRESS CITY-ST-ZIP	1			ET ADDRESS ST-ZIP					
TITLE	PENSACOLA, FL 32501	☐ Delete	TITLE	O1-Elf				Change	☐ Addition
NAME		₩ Délete	NAME					☐ criange	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	ì		NAME	: 1					

STREET ADDRESS

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling does not qualify 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 ply 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 desired empowered to execute his report as required by Chapter 608, Florida Statutes.