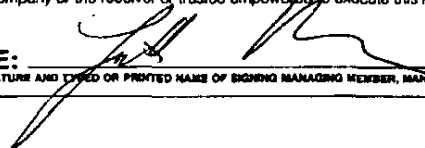


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/1/2005-90051-017-\$50.00-\$50.00

DOCUMENT # L04000056520				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 SEP 20 AM 10:26	
1. Entity Name GERMAN ESCAPADES, LLC					
Principal Place of Business 24123 PEACHLAND BLVD. unit A-16 PORT CHARLOTTE, FL 33954 US		Mailing Address 24123 PEACHLAND BLVD. unit A-16 PORT CHARLOTTE, FL 33954 US			
2. Principal Place of Business 24123 Peachland Blvd. Suite, Apt. #, etc. A-16 City & State Port Charlotte, FL. Zip 33954 Country U.S.A.		3. Mailing Address 24123 Peachland Blvd. Suite, Apt. #, etc. A-16 City & State Port Charlotte, FL. Zip 33954 Country U.S.A.		4. FEI Number 02-0728004	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRMA G. SCHELLENBERG 22066 MIDWAY BLVD. PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Irma Schellenberg Street Address (P.O. Box Number is Not Acceptable) 22066 Midway Blvd. City Port Charlotte FL Zip Code 33952		
8. 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. I am familiar with, and accept the obligations of this registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MESTAS, JUTTA M 12144 S.W. EGRET CIRCLE, UNIT 1608 LAKE SUZY, FL 34269	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, SIEGLINDE 24200 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing 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 my 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: 			9-01-05 941-629-0074		