2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 20 AM 10:26

DOCUMENT # L04000056520

1. Entity Name
GERMAN ESCAPADES,LLC

Principal Place of Business	Mailing Address
24123 PEACHLAND BLVD. unit A-16 PORT CHARLOTTE, FL 33954 US	24123 PEACHLAND BLVD. unit A-16 PORT CHARLOTTE, FL 33954 US

06302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
24123 Peachland Blvd.	24123 Peachland Blvd
Suite, Apt. #, etc.: A-16	Suite, Apt. #, etc.: A-16
City & State: Port Charlotte, FL.	City & State: Port Charlotte, FL.
Zip: 33954 Country: U.S.A	Zip: 33954 Country: U.S.A

4. FEI Number: 02-0728004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRMA G. SCHELLENBERG 22066 MIDWAY BLVD. PORT CHARLOTTE, FL 33952	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 registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 REINSTATEMENT 2005
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #