


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067615
 1. Entity Name
FLORIDA GETAWAY PROPERTIES, L.L.C.



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| Principal Place of Business 148 WINDSONG WAY TITUSVILLE, FL 32780 | Mailing Address 55 BUFFUMSVILLE ROAD SOMERSWORTH, NH 03878 |
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01082006No Chg-LLC CR2E083 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 55-0882244 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRONDIN, DENNIS M
 148 WINDSONG WAY
 TITUSVILLE, FL 32780**

DO NOT WRITE IN THIS SPACE

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 May 1, 2006

01/17/06-80030-013 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRONDIN, DENNIS M 55 BUFFUMSVILLE ROAD SOMERSWORTH, NH 03878 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRONDIN, DEBRA L 55 BUFFUMSVILLE ROAD SOMERSWORTH, NH 03878 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dennis M. Grondin* **DENNIS M. GRONDIN** 1-8-06 403 692-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #