


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000032236</b> 1. Entity Name GETAWAY, LLC	
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Principal Place of Business 1286 THOREAU CIRCLE VENICE, FL 34292	Mailing Address 1286 THOREAU CIRCLE VENICE, FL 34292
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**DO NOT WRITE IN THIS SPACE**



01232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2616214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  RASMUSSEN, PAMELA S 1286 THOREAU CIRCLE VENICE, FL 34292
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASMUSSEN, PAMELA S 1286 THOREAU CIRCLE VENICE, FL 34292
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04/03/07-80015-006 50.00

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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:** *Pamela S. Rasmussen* *PAMELA S. Rasmussen* *(941) 870-5633*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4/1/07