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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000063243

1. Entity Name
HIDEAWAY INVESTMENTS LLC

30013138

Principal Place of Business	Mailing Address
4217 SE 103RD LANE BELLEVIEW, FL 34420	4217 SE 103RD LANE BELLEVIEW, FL 34420

08112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 6292 SE 98th PL Rd		6292 SE 96th PL RD Suite, Apt. #, etc.	
City & State Bellview Fl.		City & State Bellview Fl	
Zip 34420	Country US	Zip	Country US

4. FEI Number 20-3134935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE MILLHORN LAW FIRM
13710 US HWY 441
SUITE 100
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VINING, DONALD R 4217 SE 103RD LANE BELLEVIEW, FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Address Change 6292 SE 96th PL Rd Bellview Fl. 34420	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VINING, LORETTA K 4217 SE 103RD LANE BELLEVIEW, FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Address Change 6292 SE 96th PL Rd Bellview Fl. 34420	☐ Change ☐ Addition
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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 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: [signature] 8/10/06

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