

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118413

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: OLD FLORIDA GETAWAYS, LLC

**Current Principal Place of Business:**

5296 SW C.R. 358/HC 60  
STEINHATCHEE, FL 32359

**New Principal Place of Business:**

115 1ST AVENUE NW  
STEINHATCHEE, FL 32359

**Current Mailing Address:**

P.O. BOX 375  
STEINHATCHEE, FL 32359

**New Mailing Address:**

FEI Number: 61-1515560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEBRA, KLASSEN  
5296 SW C.R. 358/HC 60  
STEINHATCHEE, FL 32359 US

**Name and Address of New Registered Agent:**

KLASSEN, DEBRA  
5296 SW C.R. 358/HC 60  
STEINHATCHEE, FL 32359 US

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.

SIGNATURE: DEBRA KLASSEN

03/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEBRA, KLASSEN  
Address: 5296 SW C.R. 358/HC 60  
City-St-Zip: STEINHATCHEE, FL 32359

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KLASSEN, DEBRA  
Address: 5296 SW C.R. 358/HC 60  
City-St-Zip: STEINHATCHEE, FL 32359

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA KLASSEN

MGR

03/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date