

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033450

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GREAT ESCAPE VILLAS LLC

**Current Principal Place of Business:**

1637 E. VINE STREET  
SUITE 129  
KISSIMMEE, F 34744

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 420820  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 26-0548563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCORMACK, ANNE-MARIE  
1859 KINGS POINT BLVD  
KISSIMMEE, FL 34744 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCORMACK, ANNE-MARIE  
Address: 3239 S. JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Delete  
Name: JONES, PATRICIA  
Address: 3239 S. JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCCORMACK, ANNE-MARIE  
Address: 1637 E VINE STREET #128  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change ( ) Addition  
Name: MCCORMACK, JON  
Address: 1637 E VINE STREET #128  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify 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: A M MCCORMACK

MGRM

04/30/2009

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