

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077648

FILED
Apr 23, 2009
Secretary of State

Entity Name: ENCHANTED GETAWAY, LLC

Current Principal Place of Business:

1120 DARWIN DRIVE
MACHESNEY PARK, IL 61115

New Principal Place of Business:

Current Mailing Address:

1120 DARWIN DRIVE
MACHESNEY PARK, IL 61115

New Mailing Address:

FEI Number: 26-3213499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, RODGER D JR ESQ.
C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: CWYNAR, THOMAS A
Address: 1120 DARWIN DRIVE
City-St-Zip: MACHESNEY PARK, IL 61115 US

Title: MR () Change (X) Addition
Name: KOELLER, ROBERT C
Address: 306 CALLOWAY COURT
City-St-Zip: POPLAR GROVE, IL 61065 US

Title: MR () Change (X) Addition
Name: STANFILL, JOHN
Address: 216 JONES WAY
City-St-Zip: POPLAR GROVE, IL 61065 US

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: THOMAS A. CWYNAR

MGR.

04/23/2009

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