

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000609**

1. Entity Name  
**GREAT ESCAPE TRAVEL EXPERIENCE, L.C.**



Principal Place of Business  
**3227 B 12TH AVE EAST  
BRADENTON, FL 34208 US**

Mailing Address  
**3227 B 12TH AVE EAST  
BRADENTON, FL 34208 US**



02282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0768683**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEWANDER, KAREN R  
3227 B 12TH AVE E  
BRADENTON, FL 34208**

**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 (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000073646  
03/02/04-80044-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEWANDER, KAREN R
STREET ADDRESS	3227 B 12TH AVE E
CITY - ST - ZIP	BRADENTON, FL 34208
TITLE	MGRM
NAME	LEWANDER, JAN S
STREET ADDRESS	3227 B 12TH AVE EAST
CITY - ST - ZIP	BRRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #