

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90063 032 \*\*\*\*50.00

**DOCUMENT # L99000009293**

1. Entity Name  
**D'ASIGN ESCAPES LLC**



Principal Place of Business  
**11500 OVERSEAS HWY.  
MARATHON, FL 33050**

Mailing Address  
**11500 OVERSEAS HWY.  
MARATHON, FL 33050**



02172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0529929**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**D'ASCANIO, FRANCO L  
11500 OVERSEAS HWY.  
MARATHON, FL 33050**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	D'ASCANIO, ANTHONY
STREET ADDRESS	204 S. ANGLERS DR.
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	MGR
NAME	D'ASCANIO, AMEDEO
STREET ADDRESS	295 14TH STREET
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	MGR
NAME	D'ASCANIO, FRANCO
STREET ADDRESS	431 2ND STREET
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
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)(i), 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:**  **CFE BRIAN FRIEDMAN CPA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/23/04** **305-743-7130**  
Date Daytime Phone #