

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006186

FILED
Jul 17, 2006
Secretary of State

Entity Name: AMERICAN PATRIOT GETAWAYS, LLC

Current Principal Place of Business:

3864 VINCENT STATION RD
OWENSBORO, KY 42303

New Principal Place of Business:

Current Mailing Address:

3864 VINCENT STATION RD
OWENSBORO, KY 42303

New Mailing Address:

FEI Number: 58-2529103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, K. WAYNE
1650 BRIARWOOD CT
MARCO ISLAND, FL 34145 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: MGR () Delete
Name: FOSTER, K WAYNE
Address: 3864 VINCENT STATION RD
City-St-Zip: OWENSBORO, KY 42303

Title: MGR () Delete
Name: FOSTER, CATHY L
Address: 3864 VINCENT STATION RD
City-St-Zip: OWENSBORO, KY 42303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOSTER, K WAYNE
Address: 1650 BRIARWOOD CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR (X) Change () Addition
Name: FOSTER, CATHY L
Address: 1650 BRIARWOOD CT
City-St-Zip: MARCO ISLAND, FL 34145

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: K. WAYNE FOSTER

MGR

07/17/2006

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