2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M06000001197

Entity Name: ESCAPES MIDWEST, LLC

Current Principal Place of Business:

1925 E. EDGEWOOD DRIVE, SUITE 105
LAKELAND, FL 33803

New Principal Place of Business:

1937 E. EDGEWOOD DRIVE
LAKELAND, FL 33803

Current Mailing Address:

1925 E. EDGEWOOD DRIVE, SUITE 105
LAKELAND, FL 33803

New Mailing Address:

1937 E. EDGEWOOD DRIVE
LAKELAND, FL 33803

FEI Number: 25-1918445 **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:

CAREY, JAMES E III
1925 E. EDGEWOOD DRIVE, SUITE 105
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

CAREY, JAMES E III
1937 E. EDGEWOOD DRIVE
LAKELAND, FL 33803 US

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: JAMES E. CAREY, III 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAREY, JAMES E III
Address: 1925 E. EDGEWOOD DRIVE, SUITE 105
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAREY, GWENDOLYN F
Address: 1937 E. EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

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: GWENDOLYN F. CAREY MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date