

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030647

**Entity Name:** THE RETREAT AT PORT OF THE ISLANDS, LLC**Current Principal Place of Business:**6231 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931**Current Mailing Address:**6231 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931**FEI Number:** 20-4547783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANNON, ANNE  
C/O SUNSTREAM, INC.  
6231 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931 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:** ANNE GANNON

01/20/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SUNSTREAM, INC.  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MANAGER  
Name LAWRENCE, DAVID  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MANAGER  
Name VOGEL, JAMES  
Address 4099 TAMIAMI TRAIL NORTH  
SUITE 200  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name LOCKE, GARY  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MANAGER  
Name KARES, RANDALL  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MANAGER  
Name SCHOMACKER, BRIAN  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MANAGER  
Name BRENNER, CURTIS  
Address 6231 ESTERO BOULEVARD  
City-State-Zip: FORT MYERS BEACH FL 33931

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID A. LAWRENCE

MANAGER

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date