

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90151 003 ****50.00

DOCUMENT # L00000009332

1. Entity Name
ISLAND RETREAT, LLC



Principal Place of Business
6902 CABOT CT.
PROSPECT, KY 40059

Mailing Address
6902 CABOT CT.
PROSPECT, KY 40059

20006198



DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
61-1371386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORACE, ARTHUR L
2400 PALM RIDGE ROAD SUITE C-1
SANIBEL, FL 33957

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAY, JUDY Kelly Dutli
6902 CABOT CT.
PROSPECT, KY 40059

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUNDERSON, STACEY
6902 CABOT CT.
PROSPECT, KY 40059

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Stacey Gunderson Stacey Gunderson 1-18-05 (502)375-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #