


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009332 1. Entity Name ISLAND RETREAT, LLC	
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Principal Place of Business 6902 CABOT CT. PROSPECT, KY 40059	Mailing Address 6902 CABOT CT. PROSPECT, KY 40059
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01072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1371386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 <u>Stacey Gunderson</u> <u>Stacey Gunderson</u> <u>1-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUTLI, KELLY 6902 CABOT CT. PROSPECT, KY 40059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUNDERSON, STACEY 6902 CABOT CT. PROSPECT, KY 40059
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<p>000000381344 01/11/06-80048-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Stacey Gunderson</u> <u>Stacey Gunderson</u> <u>1-7-06</u> <u>502 375 538</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
