

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000005369

1. Entity Name

SCENIC RETREAT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:59

Principal Place of Business

1234 AIRPORT ROAD
SUITE 215
DESTIN FL 32541

Mailing Address

1234 AIRPORT ROAD
SUITE 215
DESTIN FL 32541

2. Principal Place of Business

4300 Legendary Drive

3. Mailing Address

4300 Legendary Drive

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Destin, FL

City & State

Destin, FL

Zip
32541

Country

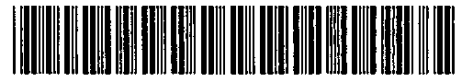
Zip
32541

Country

[Signature]

1st MOORE

CR2E083 (10/05)



4. FEI Number

59-3755013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, RICHARD

~~1234 AIRPORT ROAD~~

~~SUITE 215~~

DESTIN FL 32541

4300 Legendary Drive

Suite 204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(Signature, typed or printed name of registered agent and date if applicable)

(NO New Registered Agent signature required when reinstating)

4-28-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OLSON & ASSOCIATES OF NW FLORIDA INC.
1234 AIRPORT ROAD
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4300 Legendary Drive, Ste 204
Destin, FL 32541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200076302602
06/19/06--01005--001 **2150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

4-28-06

850-650-2858

Date

Daytime Phone #