


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90429 008 \*\*\*\*50.00

<b>DOCUMENT # L03000027780</b>			
1. Entity Name <b>RETIREMENT FUN, LLC</b>			
Principal Place of Business <b>595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174</b>		Mailing Address <b>595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business		3. Mailing Address <b>PO Box 1582</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TORRINGTON, CT</b>	
Zip	Country	Zip	Country
		<b>06790</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SWEET, JEFFREY C ESQ. 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, KAREN 37 FLORENCE WAY FARMINGTON, CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, GREG 37 FLORENCE WAY FARMINGTON, CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, FRANK 185 MARGERIE STREET TORRINGTON, CT 06790 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, MARILYN 185 MARGERIE STREET TORRINGTON, CT 06790 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Marilyn Mitchell MGR</u>		3-10-04 860-482-3496	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	