

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000027780

1. Entity Name
RETIREMENT FUN, LLC



Principal Place of Business
595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32174

Mailing Address
PO BOX 1522
TORRINGTON, CT 06790

FILED
Jan 19, 2005 08:00 AM
Secretary of State



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
32-0088309

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWEET, JEFFREY C ESQ.
595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32174

**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	MGR ROY, KAREN 37 FLORENCE WAY FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, GREG 37 FLORENCE WAY FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, FRANK 185 MARGERIE STREET TORRINGTON, CT 06790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, MARILYN 185 MARGERIE STREET TORRINGTON, CT 06790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01-20/05-80053-010 50.00

**DO NOT WRITE
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:

Marilyn Mitchell Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-05

Date

860-482-3496

Daytime Phone #