


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000027780</b> 1. Entity Name RETIREMENT FUN, LLC	
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Principal Place of Business 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174	Mailing Address PO BOX 1522 TORRINGTON, CT 06790
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01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0088309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SWEET, JEFFREY C ESQ. 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174
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**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, 2006**

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	

**DO NOT WRITE  
IN THIS SPACE**

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:** Marilyn Mitchell, Manager 1-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #