

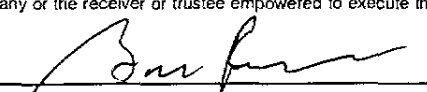


**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000040281</b>		<b>Apr 14, 2006 08:00</b>		<b>Secretary of State</b>	
1. Entity Name R & S GOLF RETREAT, LLC					
Principal Place of Business 566 RIDGEWOOD AVE. GLEN RIDGE, NJ 07028		Mailing Address 566 RIDGEWOOD AVE. GLEN RIDGE, NJ 07028			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01042006No Chg-LLC CR2E083 (11/05)			
		4. FEI Number 84-1647902		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MEAD, MICHAEL WM. 24 WALTER MARTIN ROAD, SUITE 3 FT. WALTON BEACH, FL 32548		<b>DO NOT WRITE IN THIS SPACE</b>			
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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM REACH, BRIAN 566 RIDGEWOOD AVE. GLEN RIDGE, NJ 07028			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM STARR, GERALD 566 RIDGEWOOD AVE. GLEN RIDGE, NJ 07028			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		4/3/06		973-865-2838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	