


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000040281 1. Entity Name R & S GOLF RETREAT, LLC	
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Principal Place of Business
**566 RIDGEWOOD AVE.
GLEN RIDGE, NJ 07028**

Mailing Address
**566 RIDGEWOOD AVE.
GLEN RIDGE, NJ 07028**



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1647902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REACH, BRIAN
STREET ADDRESS	566 RIDGEWOOD AVE.
CITY-ST-ZIP	GLEN RIDGE, NJ 07028

TITLE	MGRM
NAME	REACH, MARY
STREET ADDRESS	566 RIDGEWOOD AVE.
CITY-ST-ZIP	GLEN RIDGE, NJ 07028

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80026-025 50.00

**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:

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

2/28/07

Date

973-865-2938

Daytime Phone #