2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075559

1. Entity Name
RETREAT LAND DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
530 HWY 98 E DESTIN, FL 32540	P.O. BOX 5436 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

02162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0526245
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABADIE, MIKE
530 HWY 98 E
DESTIN, FL 32540

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000441687
03/03/06-80046-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	ABADIE, MIKE
STREET ADDRESS	4010 LAUREN CT.
CITY-ST-ZIP	DESTIN, FL 32540
TITLE	MGRM
NAME	FREDMAN, JAN
STREET ADDRESS	410 WOODRIDGE DR.
CITY-ST-ZIP	SENECA, SC 29672
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Mike Abadie Mike Abadie 2-16-06 850-650-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #