

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000075559

1. Entity Name  
RETREAT LAND DEVELOPMENT, LLC



Principal Place of Business  
530 HWY 98 E  
DESTIN, FL 32540

Mailing Address  
P.O. BOX 5436  
DESTIN, FL 32541



01232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ABADIE, MIKE  
4010 LAUREN CT.  
DESTIN, FL 32540

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FREDMAN, JAN  
410 WOODRIDGE DR.  
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

U000000656263  
03/14/07-80018-015 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:

*Mike Abadie* Mike Abadie

3-2-07

850-650-4406

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

Date

Daytime Phone #