


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000088501 1. Entity Name EL RETIRO PROPERTIES, LLC	
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Principal Place of Business 119 SINCLAIR STREET, S.W. PORT CHARLOTTE, FL 33952	Mailing Address 119 SINCLAIR STREET, S.W. PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



02132007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1098472	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

CASANOVA, LUIS A
119 SINCLAIR STREET, S.W.
PORT CHARLOTTE, FL 33952

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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 _____ 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASANOVA, LUIS A 119 SINCLAIR STREET, S.W. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASANOVA, ENA C 119 SINCLAIR STREET, S.W. PORT CHARLOTTE, FL 33952
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05/15/07-80100-022 50.00

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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:  Luis A. CASANOVA 4-27-07 84/ 883-3313
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #