2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121064

Current Principal Place of Business:

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

8132 RIVERSIDE DR

WESTBY, DISA C

2444 MARK AVE

MGRM

PUNTA GORDA, FL 33982

PUNTA GORDA, FL 33982

HELINSKI, CYNTHIA J

8278 SW REESE ST

ARCADIA, FL 34269

() Delete

() Delete

Entity Name: COPPER RIDGE RETREAT, LLC.

FILED Feb 24, 2008 Secretary of State

New Principal Place of Business:

24239 YACHT CLUB BLVD PUNTA GORDA, FL 33955 **Current Mailing Address: New Mailing Address:** 24239 YACHT CLUB BLVD PUNTA GORDA, FL 33955 FEI Number: 20-3970526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, J DAVID EA 2511 VASCO ST STE 115 PUNTA GORDA, FL 33950 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete GOFF, CAROL Name: Name: 24239 YACHT CLUB BLVD Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: MGR Title: MGRM (X) Change () Addition () Delete HELINSKI, PHILIP J Name: HELINSKI, PHILIP J Name: Address: 29 CLIFFORD ST Address: 29 CLIFFORD ST City-St-Zip: BUFFALO, NY 14210 City-St-Zip: BUFFALO, NY 14210 Title: MGRM () Delete Title: MGRM (X) Change () Addition WESTBY, DENNIS P WESTBY, DENNIS P Name: Name: Address: 9140 BURNT STONE ROAD Address: 6104 FLORIDA ST. City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 Title: MGRM () Delete Title: () Change () Addition Name: WESTBY, JOHN A Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

MGRM

WESTBY, DISA C

HELINSKI, CYNTHIA J

8278 SW REESE ST ARCADIA, FL 34269

2224 MARK AVE PUNTA GORDA, FL 33950

(X) Change () Addition

(X) Change () Addition

SIGNATURE: CAROL GOFF MGR 02/24/2008