2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121064

City-St-Zip: ARCADIA, FL 34269

Entity Name: COPPER RIDGE RETREAT, LLC.

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	OHT CLUB BL' ORDA, FL 339			
Current Mailing Address:			New Mailing Address:	
	CHT CLUB BL' ORDA, FL 339			
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:
2511 VAS0 STE 115	L, J DAVID E. DO ST DRDA, FL 339			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING	MEMBERS/MAN	AGERS:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR (GOFF, CAROL 24239 YACHT PUNTA GORD	CLUB BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (HELINSKI, PHI 29 CLIFFORD BUFFALO, NY	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (WESTBY, DEN 6104 FLORIDA PUNTA GORDA	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (WESTBY, JOH 8132 RIVERSI PUNTA GORDA	DE DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (WESTBY, DISA 2224 MARK AN PUNTA GORDA	Æ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR (HELINSKI, CYI 8278 SW REE		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: CYNTHIA HELINSKI TREA 03/29/2009