2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# L05000123387

Entity Name: RETREAT PARTNERS LLC

Current Principal Place of Business:

42 W 238 RETREAT COURT
ST. CHARLES, IL 60175

New Principal Place of Business:

Current Mailing Address:

8S321 BARNES ROAD, #401
AURORA, IL 60506

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOYER, SUSAN K
1469 PALOMA DR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	MOYER, SUSAN K	
Address:	1469 PALOMA DRIVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	WATHEN, ELAINE S	
Address:	8S321 BARNES ROAD #401	
City-St-Zip:	AURORA, IL 60506	
Title:	MGRM	( ) Delete
Name:	MOYER, VIOLA M	
Address:	8S321 BARNES ROAD #401	
City-St-Zip:	AURORA, IL 60506	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SUSAN K. MOYER MGRM 04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date