



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90043 015 \*\*\*\*50.00

<b>DOCUMENT # L06000074889</b> 1. Entity Name <b>THE RETREAT CAR SERVICES, LLC</b>					
Principal Place of Business <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL 34243</b>			Mailing Address <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL 34243</b>		
2. Principal Place of Business - No P.O. Box # <b>1800 SECOND ST.</b> Suite, Apt. #, etc. <b>Suite 810</b>		3. Mailing Address <b>SAME AS LEFT</b> Suite, Apt. #, etc.			
City & State <b>SARASOTA FL.</b>		City & State		4. FEI Number <b>20-5288669</b>	
Zip <b>34236</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>W. BARTLETT SCOVILL, P.A.</b> <b>1605 MAIN STREET, SUITE 912</b> <b>SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MTRM</b> <b>GONTAREK, CHRISTIAN</b> <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL 34243</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b>  <b>Christian Gontarek</b> <b>4/25/07</b> <b>941-809-6799</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

40088600



04262007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

FL Zip Code