


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L9800001981		
1. Entity Name SUN FUN & RETIREMENT, L.L.C.		

Principal Place of Business	Mailing Address
2359 TWIN BAY VIEW FORT WALTON BEACH, FL 32547	2359 TWIN BAY VIEW FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3538300	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 FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000271901
03/21/05-80067-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLUMBERG, GAYLE 2359 TWIN BAY VIEW FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUMBERG, THEODORE MRS. 2960 OUTLOOK COURT BEAVERCREEK, OH 45434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, CHRISTOPHER J 6258 VISTA RIDGE MADERIA, OH 45227
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, BETSY 6258 VISTA RIDGE MADERIA, OH 45227
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUMBERG, LAWRENCE B 2359 TWIN BAY VIEW FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, JOHN G 917 PRINCETON ROAD TERRACE PARK, OH 45174

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Gayle J. Blumberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: <u>3/16/05</u> Daytime Phone #: <u>850-863-4194</u>