2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L98000001981

Entity Name: SUN FUN & RETIREMENT, L.L.C.

Current Principal Place of Business:

2359 TWIN BAY VIEW
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

2359 TWIN BAY VIEW
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3538300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 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:	MGR	( ) Delete
Name:	BLUMBERG, GAYLE	
Address:	2359 TWIN BAY VIEW	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	JONES, STEPHANIE MRS.	
Address:	917 PRINCETON ROAD	
City-St-Zip:	TERRACE PARK, OH 45174	
Title:	MGRM	( ) Delete
Name:	WILSON, CHRISTOPHER J	
Address:	6258 VISTA RIDGE	
City-St-Zip:	MADERIA, OH 45227	
Title:	MGRM	( ) Delete
Name:	WILSON, BETSY	
Address:	6258 VISTA RIDGE	
City-St-Zip:	MADERIA, OH 45227	
Title:	MGRM	( ) Delete
Name:	BLUMBERG, LAWRENCE B	
Address:	2359 TWIN BAY VIEW	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	JONES, JOHN G	
Address:	917 PRINCETON ROAD	
City-St-Zip:	TERRACE PARK, OH 45174	

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:	
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 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: GAYLE BLUMBERG MGR 03/05/2009

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