

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003408

**FILED  
Apr 21, 2006  
Secretary of State**

**Entity Name:** RETIREMENT & INSURANCE RESOURCES, LLC

**Current Principal Place of Business:**

1185 IMMOKALEE ROAD  
SUITE 120  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1185 IMMOKALEE ROAD  
SUITE 120  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 15-6467123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMARG, RICHARD M  
1185 IMMOKALEE RD., STE 120  
NAPLES, FL 34110 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: SMARG, RICHARD M  
Address: 1185 IMMOKALEE RD., STE 120  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

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: RICHARD SMARG

MGRM

04/21/2006

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