2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM Secretary of State DOCUMENT # L99000008684 1. Entity Name RETSYO'S GOLD MINE, L.C. Mailing Address Principal Place of Business 564 PINE AVE. WEST 564 PINE AVE. WEST ST. GEORGE ISLAND FL 32328 ST. GEORGE ISLAND FL 32328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 59-3697131 Not Applicat Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRYE, ROSE Street Address (P.O. Box Number is Not Acceptable) 564 PINE AVE WEST ST. GEORGE ISLAND FL 32328 City 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 Signature, typed or printed marks of registered again and life if applicable INDIE Registered Agent signature required when rematating TIATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Defete HAE ☐ Change Addition DRYE, ROSE NAME [ETGOLOGISTS 751 STREET ADDRESS 564 WEST PINE AVENUE STREET ADDRESS 04, TZZOS-BOUTS-BTS 50, 00 CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIT ☐ Change 31712 Detete Tilli F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am a managing member or manager of the illmited liability company or the receiver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

SIGNATURE: Cose Wrise Rose Drye, Marraging Hember 3/25/06 8506532555