

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003499

Entity Name: LUXURY RETREATS, L.L.C.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

302 S MARCO AVE  
POLO, IL 61064

**New Principal Place of Business:**

**Current Mailing Address:**

302 S MARCO AVE  
POLO, IL 61064

**New Mailing Address:**

FEI Number: 20-1351243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLOTNICK, AARON  
20878 PINEHURST GREENS DRIVE  
ESTERO, FL 33928 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  
Name: GASSMAN, ROGER L  
Address: 302 S. MARCO AVE  
City-St-Zip: POLO, IL 61064

Title: MGRM  
Name: VOCK, DONALD  
Address: 801 E. BUFFALO  
City-St-Zip: POLO, IL 61064

Title: MGRM  
Name: BYERS, PERRY  
Address: 920 RAVEN CREST  
City-St-Zip: BYRON, IL 61010

Title: MGRM  
Name: LAWTON, DANIEL  
Address: 601 EAST WAYNE  
City-St-Zip: POLO, IL 61064

Title: MGRM  
Name: MALLON, MICHAEL  
Address: 5541 SOUTH PARK PLACE  
City-St-Zip: ROCHELLE, IL 61068

I hereby 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: ROGER GASSMAN

MGRM

01/06/2012

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