I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: LUIS A. CASANOVA

Electronic Signature of Signing Authorized Person(s) Detail

Auth

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	CASANOVA, LUIS A	Name	CASANOVA, ENA C		
Address	119 SINCLAIR STREET, S.W.	Address	119 SINCLAIR STREET, S.W.		
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952		

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088501

Entity Name: EL RETIRO PROPERTIES, LLC

Current Principal Place of Business:

119 SINCLAIR STREET, S.W. PORT CHARLOTTE, FL 33952

Current Mailing Address:

C/O DAVID A. HOMES 99 NESBIT STREET PUNTA GORDA, FL 33950

FEI Number: 20-1098472

Name and Address of Current Registered Agent:

HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 US

FILED Apr 17, 2013 Secretary of State CC7592055472

Certificate of Status Desired: No

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 () **D** ()

horized Person(s) Detail :					
	MGR	Title	MGR		
ne	CASANOVA, LUIS A	Name	CASANOVA, ENA C		
ress	119 SINCLAIR STREET, S.W.	Address	119 SINCLAIR STREET, S.W.		
-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952		

04/17/2013 Date

Date