


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90191 019 ****50.00

DOCUMENT # L02000019536

1. Entity Name
MARTIN BUSINESS PARK, LLC



Principal Place of Business Mailing Address

1440 NOVA ROAD **1440 NOVA ROAD**
SUITE 301 **SUITE 301**
HOLLY HILL, FL 32117 **HOLLY HILL, FL 32117**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01192004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

MARTIN, DOUGLAS
1440 NOVA ROAD
SUITE 301
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

Name: **Richard K. Martin**
 Street Address (P.O. Box Number is Not Acceptable):
1440 Nova Rd Suite 301
 City: **Holly Hill** State: **FL** Zip Code: **32117**

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: *Richard K. Martin* **Richard K Martin** **1/20/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARTIN, ROBERT D 1440 NOVA RD STE 301 DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RICHARD K 1440 NOVA RD STE 301 DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M&R Martin Daytona Corporation 1440 Nova Road, Suite 301 Holly Hill, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 K. Martin* **Richard K Martin** **1/20/04** **286**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #