

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90005 042 \*\*\*\*50.00



**DOCUMENT # L02000019536**

1. Entity Name

**MARTIN BUSINESS PARK, LLC**

Principal Place of Business

~~1440 NOVA ROAD~~  
 SUITE 301  
 DAYTONA BEACH FL 32117

Mailing Address

~~1440 NOVA ROAD~~  
 SUITE 301  
 DAYTONA BEACH FL 32117

2. Principal Place of Business

3. Mailing Address

1440 N. NOVA RD.

1440 N. NOVA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1976807

~~NOT APPLICABLE~~

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARTIN, RICHARD K~~  
 1440 NOVA ROAD  
 SUITE 301  
 DAYTONA BEACH FL 32117

Name

MARTIN, ROBERT D

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
 NAME MGR  
 STREET ADDRESS MARTIN DAYTONA, CORPORATION  
 CITY-ST-ZIP 1440 NOVA RD STE 301  
 DAYTONA BEACH FL 32117

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #