


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021600</b> 1. Entity Name <b>MARTIN &amp; ASSOCIATES, LLC</b>	
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Principal Place of Business <b>1885 LES CHATEAUX BLVD. NAPLES FL 34109</b>	Mailing Address <b>1885 LES CHATEAUX BLVD. NAPLES FL 34109</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>33-1022905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEBRE, HAROLD J ESQ  
GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH, STE. 300  
NAPLES FL 34103**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) 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	MGR	TITLE	
NAME	MARTIN, LARRY G <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	1507 CERULEAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63146	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	ZACHER, ROGER K <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	1885 LES CHATEAUX BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

1100000404507  
02/07/06-80002-020 50.00

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:**  1/24/06 239-594-5640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #