


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 001 ****50.00

DOCUMENT # L02000021600
 1. Entity Name
MARTIN & ASSOCIATES, LLC



Principal Place of Business Mailing Address
 1885 LES CHATEAUX BLVD. 1885 LES CHATEAUX BLVD.
 NAPLES FL 34109 NAPLES FL 34109



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
33-1022905 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WEBER, HAROLD J ESQ (SAME)~~
~~GOODLETTE, COLEMAN & JOHNSON, P.A.~~
~~4001 TAMiami TRAIL NORTH, STE. 300~~
~~NAPLES FL 34103~~
CHANGE OF ADDRESS

7. Name and Address of New Registered Agent
 Name **WEBER, HAROLD J ESQ, PA**
 Street Address (P.O. Box Number is Not Acceptable)
124 S. FLORIDA AVENUE
SUITE 203
 City **LAKELAND, FL** Zip Code **33801**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	MARTIN, LARRY G	1507 CERULEAN DRIVE	ST. LOUIS MO 63146	<input type="checkbox"/>
MGR	ZACHER, ROGER K	1885 LES CHATEAUX BLVD.	NAPLES FL 34109	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **3/29/07** **238-594-5640**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #