


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047037</b> 1. Entity Name <b>MARTIN BROTHERS CONSTRUCTION LLC</b>	
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Principal Place of Business <b>8140 EIGHT MILE CREEK ROAD PENSACOLA FL 32526</b>	Mailing Address <b>8140 EIGHT MILE CREEK ROAD PENSACOLA FL 32526</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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1st MOORE      CR2E083 (10/06)

City & State Zip      Country	City & State Zip      Country	4. FEI Number <b>02-0712339</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>MARTIN, VERNON J 8140 EIGHT MILE CREEK ROAD PENSACOLA FL 32526</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM</b> <b>MARTIN, MOSES L</b> <b>8140 EIGHT MILE CREEK ROAD</b> <b>PENSACOLA FL 32526</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000635404</b> <b>02/23/07-80013-005 50.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM</b> <b>MARTIN, ETHAN L</b> <b>8140 EIGHT MILE CREEK ROAD</b> <b>PENSACOLA FL 32526</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM</b> <b>MARTIN, ORNAN L</b> <b>8140 EIGHT MILE CREEK ROAD</b> <b>PENSACOLA FL 32526</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM</b> <b>MARTIN, AARON L</b> <b>8140 EIGHT MILE CREEK ROAD</b> <b>PENSACOLA FL 32526</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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:** Aaron L. Martin      **AARON L. MARTIN**      2-10-07      (850) 572-8571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #