


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90225 018 \*\*\*138.75

**DOCUMENT # L05000087520**

1. Entity Name  
**MARTNI MAGUIRE, LLC**



Principal Place of Business  
**5728 MAJOR BOULEVARD, SUITE 601  
 ORLANDO, FL 32819**

Mailing Address  
**5728 MAJOR BOULEVARD, SUITE 601  
 ORLANDO, FL 32819**

**60022509**

2. Principal Place of Business - No P.O. Box #  
**7932 W. Sand lake Rd.**

3. Mailing Address  
**7932 W. Sand lake Rd.**

4. City & State  
**Orlando, FL**

5. City & State  
**Orlando, FL**



03112008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**HODGE, RANDALL R  
 5728 MAJOR BOULEVARD, SUITE 601  
 ORLANDO, FL 32819**

4. FEI Number  
**06-1760670**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7932 W. Sand Lake Rd. Ste 300  
 C. Orlando, FL 32819**

City & State  
**FL** Zip Code

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Khatib, Rashid A 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 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]* **4/18/08** **407-354-2200**

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