


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 08:00 A
Secretary of State

DOCUMENT # M02000002388 1. Entity Name MARTIN FAMILY HOLDINGS, LLC	
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Principal Place of Business 745 N. MAIN STREET CLAYTON, GA 30525	Mailing Address 745 N. MAIN STREET CLAYTON, GA 30525
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DO NOT WRITE IN THIS SPACE



07182006No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2607035	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, KENNETH B
 50 N. LAURA STREET, SUITE 1675
 C/O BECKER & POLIAKOFF
 JACKSONVILLE, FL 32202

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

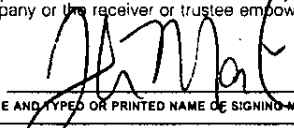
Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, J. ASHLEY PO BOX 1549 CLAYTON, GA 30525
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 08/18/06-80001-003 55.00

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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:  **8/15/06** **706-782-4302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #