

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032007 Chg-LP CR2E003 (12/06)

DOCUMENT # A02000000298 1. Entity Name MARTINELLI HOLDINGS, LTD.					
Principal Place of Business 1801 SW 68TH AVE. PLANTATION, FL 33317		Mailing Address 1801 SW 68TH AVE. PLANTATION, FL 33317			
2. Principal Place of Business - No P.O. Box # 10240 KEY PLUM ST		3. Mailing Address 10240 KEY PLUM ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PLANTATION, FL		City & State PLANTATION, FL		4. FEI Number 01-0605036	
Zip 33324		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAREY, MARY ELLEN 1801 SW 68TH AVE. PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L02000004091		STREET ADDRESS	10240 KEY PLUM ST.	
NAME	HMTAK, L.L.C.		CITY-ST-ZIP	PLANTATION, FL 33324	
STREET ADDRESS	1801 SW 68TH AVE.		STREET ADDRESS	000101973330	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	05/09/07--01046--015 **500.00	
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CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Mary Ellen Carey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/13/07 <small>Date</small>		
			<small>Daytime Phone #</small>		

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