

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000515

1. Entity Name
PLANET PARTNERS, L.L.C.

Principal Place of Business
501 NORTH GRANDVIEW AVENUE, SUITE 105
DAYTONA BEACH FL 32118

Mailing Address
501 NORTH GRANDVIEW AVENUE, SUITE 105
DAYTONA BEACH FL 32118

FILED

01 FEB 19 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1440 NOVA RD.
Suite Apt. #, etc.
#301

3. Mailing Address

1440 NOVA RD.
Suite Apt. #, etc.
#301

City & State
Holly Hill, FL

Zip
32117

Country
USA

City & State
Holly Hill, FL

Zip
32117

Country
USA

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROBERT D
501 NORTH GRANDVIEW AVENUE, SUITE 105
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1440 Nova Road
Suite 301
City Holly Hill, FL Zip Code 32117

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.

SIGNATURE *Robert D. Martin* 1/31/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Managing Member Robert D. Martin
STREET ADDRESS 1440 Nova Road #301
CITY-ST-ZIP Holly Hill, FL 32117 ☐ Delete

TITLE NAME Member Julia A. Martin
STREET ADDRESS 1440 Nova Road #301
CITY-ST-ZIP Holly Hill, FL 32117 ☐ Delete

TITLE NAME Member Scott Martin
STREET ADDRESS 1440 Nova Road #301
CITY-ST-ZIP Holly Hill, FL 32117 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003746129-1
CITY-ST-ZIP -02/21/01--01091--018
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert D. Martin* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/01

Date

Daytime Phone #

CR2E083 (11/00)