## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2004 8:00 am

DOCUMENT # L0000004383  1. Entity Name MARTIN & BAXLEY, LLC					Secretary of State 02-02-2004 90209 016 ****50.00			
Principal Place of Business 1360 WEST KING STREET COCOA, FL 32922		Mailing Address 1360 WEST KING STREET COCOA, FL 32922		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	に Namium et mani aren men men men men men men men men hen nier ikun ikun ikun ikun ikun ikun ikun ikun			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe 59-3639		<del> </del>	pplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	S5.00 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent	Alomo	7. Name and	Address of New R	Registered Agent		
DAVIEVI	ALIDA		Name					
BAXLEY, L 1360 WES COCOA, F	T KING STREET		Street Addres	et Address (P.O. Box Number is Not Acceptable)				
			City		_	FL Zip Coo	de	
	named entity submits this statement f	or the purpose of changing its		istered agent, or both	n, in the State of Flo		, and accept	
the obligat	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating)		DATE		
Fi	Signature, lyped or printed name of registered agen liling Fee is \$50.00 ue by May 1, 2004	at and title if applicable. (NOT	E: Registered Agent signature requ	quired when reinstating)		DATE  Te check payable to a Department of Sta		
Fi Do	iling Fee is \$50.00		E: Registered Agent signature req	quired when reinstating)	Florida	te check payable to a Department of Sta	te .	
Fi	iling Fee is \$50.00 ue by May 1, 2004	ERS/MANAGERS		quired when reinstating)		te check payable to a Department of Sta	te Addition	
9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMB		10,	quired when reinstating)	Florida	te check payable to a Department of Sta /CHANGES		
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MARTIN, WAYNE 1111 WILD FLOWER	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS	quired when reinstating)	Florida	te check payable to a Department of Sta /CHANGES		
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMB MGRM MARTIN, WAYNE	ERS/MANAGERS	10. TITLE NAME	quired when reinstating)	Florida	te check payable to a Department of Sta /CHANGES		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGRM MARTIN, WAYNE 1111 WILD FLOWER MELBOURNE, FL 32940 MGRM BAXLEY, LAURA	IERS/MANAGERS	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	quired when reinstating)	Florida	te check payable to a Department of Sta /CHANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM MARTIN, WAYNE 1111 WILD FLOWER MELBOURNE, FL 32940 MGRM BAXLEY, LAURA 130 POSSUM INN LN	IERS/MANAGERS	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	quired when reinstating)	Florida	te check payable to a Department of Sta /CHANGES	Addition	
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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: Yawa DA

321-632-2222 XX