

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006596**

**\*1. Entity Name**

**SMARTIN ENTERPRISES, LLC**



**Principal Place of Business**

**1308 2ND STREET  
EDGEWATER, FL 32132**

**Mailing Address**

**PO BOX 632  
NEW SMYRNA BEACH, FL 32170**



03192004No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**

**59-3650564**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32115-2491**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000126990  
04/23/04-80057-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>MARTIN, SUSAN H</b>
<b>STREET ADDRESS</b>	<b>1308 SECOND STREET</b>
<b>CITY-ST- ZIP</b>	<b>EDGEWATER, FL 32132</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>MARTIN, GERALD L</b>
<b>STREET ADDRESS</b>	<b>1308 SECOND STREET</b>
<b>CITY-ST- ZIP</b>	<b>EDGEWATER, FL 32132</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

Date

Daytime Phone #

*Susan H Martin* *Susan H Martin* *3/20/04* *386-424-1531*