

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010039	
1. Entity Name J.F. MARTIN LLC	

Principal Place of Business 109 CEDAR POINT LANE LONGWOOD, FL 32779	Mailing Address 109 CEDAR POINT LANE LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE., SUITE 201 ORLANDO, FL 32803	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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, ELIZABETH G 109 CEDAR POINT LANE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, SHERI E 109 CEDAR POINT LANE LONGWOOD, FL 32779
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04/29/04-80051-025-50.00

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: Elizabeth G. Martin (Elizabeth G. Martin 4/21/04 407-869-9129)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____