

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 13, 2008 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**



03032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U000000856857  
03/28/08-80028-023 138.75**

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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** 3/11/08 407-869-9129

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

Date

Daytime Phone #