2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011353

1. Entity Name
MARK MARTIN PERFORMANCE, LLC

Principal Place of Business	Mailing Address
208 CESSNA BLVD. DAYTONA BEACH, FL 32128	208 CESSNA BLVD. DAYTONA BEACH, FL 32128

DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3676423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ERBEL, BENNY
208 CESSNA BLVD.
DAYTONA BEACH, FL 32128

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000092681
03/19/04-80019-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, MARK A
STREET ADDRESS	208 CESSNA BLVD
CITY-ST-ZIP	DAYTONA BCH, FL 32128
TITLE	MGRM
NAME	MARTIN, ARLENE E
STREET ADDRESS	208 CESSNA BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32128
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 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: Mark H Martin 3/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #