


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90135 027 ****50.00

DOCUMENT # L00000011353 1. Entity Name MARK MARTIN PERFORMANCE, LLC			
Principal Place of Business 208 CESSNA BLVD. DAYTONA BEACH, FL 32128		Mailing Address 208 CESSNA BLVD. DAYTONA BEACH, FL 32128	
2. Principal Place of Business 208 Cessna Blvd Suite, Apt. #, etc.		3. Mailing Address 208 Cessna Blvd Suite, Apt. #, etc.	
City & State Port Orange, FL Zip Country 32128 USA		City & State Port Orange, FL Zip Country 32128 USA	
4. FEI Number 59-3676423		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ERBEL, BENNY 208 CESSNA BLVD. DAYTONA BEACH, FL 32128		7. Name and Address of New Registered Agent Name Ertel, Benny Street Address (P.O. Box Number is Not Acceptable) 208 Cessna Blvd. City Port Orange FL Zip Code 32128	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, MARK A 208 CESSNA BLVD DAYTONA BCH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Martin, Mark A 208 Cessna Blvd. Port Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, ARLENE E 208 CESSNA BLVD DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Martin, Arlene E 208 Cessna Blvd Port Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Arlene Martin</u>		<u>3/11/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	