

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90154 001 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LD10000000398

1. Entity Name

JAMES L. MARTIN, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4851 Tamiami Trail NW

3. Mailing Address

4851 Tamiami Trail NW

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Naples

City & State

Naples

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

65-1066260

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Harvey B. Hoffman

Street Address (P.O. Box Number is Not Acceptable)

4851 Tamiami Trail NW

Suite 300

City

Naples

FL

Zip Code

34103

**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.

SIGNATURE

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

DATE

FEES \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
GENERAL MANAGER
Harvey B. Hoffman
4851 Tamiami Trail NW, B300
Naples, FL 34103

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager
James L. Martin
4851 Tamiami Trail NW B300
Naples, FL 34103

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Jon F. Hansen
601 Holland Drive
Fort Hills, N.J. 07831

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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]

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

Date

4/12/02 (239) 430-8100

Daytime Phone #

CR2E083B (12/01)