

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000398

1. Entity Name
JAMES L. MARTIN, LLC



Principal Place of Business
4851 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103 US

Mailing Address
4851 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103 US



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1066260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B
4851 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 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. 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
MGRM
HOFFMAN, HARVEY B
4851 TAMiami TRAIL NORTH #300
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, JAMES L
4851 TAMiami TRAIL NORTH #300
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HANSEN, JON F
601 HOLLAND DRIVE
FAR HILLS, NJ 07931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/24/04 (235) 430-8100