## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000398 1. Entity Name

JAMÉS L. MARTIN, LLC

Principal Place of Business 4851 TAMIAMI TRAIL N. SUITE 300

NAPLES, FL 34103 US

Mailing Address

DO NOT WRITE IN THIS SPACE

4851 TAMIAMI TRAIL N. SUITE 300

The state of the s

NAPLES, FL 34103 US

**FILED** Feb 04, 2005 08:00 AM Secretary of State



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1066260

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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

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₹IN	THIS	SPACE

			AND RES.	
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 tube if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS		the same of the sa	
TITLE	MGRM			
NAME	HOFFMAN, HARVEY B			
STREET ADDRESS	4851 TAMIAMI TRAIL NORTH #300			
CITY-ST-ZIP	NAPLES, FL 34103			
TITLE	MGRM		02/04/05-80036-014 50.00	
NAME	MARTIN, JAMES L	, print	02/04/05-80036-01/10 00	
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CITY ST-ZIP	NAPLES, FL 34103			
ITILE	MGRM			
NAME	HANSEN, JON F	-	<del></del>	
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CITY-ST-ZIP	FAR HILLS, NJ 07931	,	DO NOT WRITE	
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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 of 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 required 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

21,105 (235) 430-8/00

Daytime Phone if