

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 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**



01262005 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, 2005**

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

**DO NOT WRITE
IN THIS SPACE**

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02/04/05-80036-014 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

21105 (235) 430-8100