## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 13, 2006 8:00 am Secretary of State

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DOCUMENT # L0100000398  1. Entity Name JAMES L. MARTIN, LLC						01-13-2006 9	•			
Principal Plac	e of Business	Mailing Address								
4851 TAMIA	MI TRAIL N.	4851 Tamiami trail n.								
SUITE 300		SUITE 300								
NAPLES, FL	34103 US	NAPLES, FL 34103	US			NATA KANTA MANTA MANTA MANTA	T KEND BEID ETDE	FILL PERMITAL		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006	Chg-LLC	CR2E083	(11/05)			
City & State		City & State		4. FEI Numbe				plied For		
Zip	Country	Zip.	Count	tnı	65-1066	260	e:	5.00 Add	t Applicable	
2.5	Country	1 2.0	200:11	ir y	5. Certificate	of Status Desired		e Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent		
	**		Name							
	I, HARVEY B IAMI TRAIL NORTH			Street Address	(P.O. Box Numbe	r is Not Acceptable	·)			
SUITE 300										
NAPLES, FL 34103										
			City				FL	Zip Code	8	
8. The above	named entity submits this statement for	r the purpose of changing its r	egistere	Lad office or registe	red agent, or both	n, in the State of Flo	rida. I am far	niliar with,	and accept	
	tions of registered agent.		_	_	-					
0101117175	<b>*</b>									
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	d Agent signature require	d when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent of the second secon	(NOTE:	Registered	d Agent signature require	d when reinstating)		e check pay		<b>a</b>	
Fi	iling Fee is \$50.00		Registered	d Agent signature require	d when reinstating)		e check pay Departmen		a	
Fi	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGRM		10.		d when reinstating)	Florida	e check pay Departmen		a Addition	
9. TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGRM HOFFMAN, HARVEY B	RS/MANAGERS	10. TITLE	E	d when reinstating)	Florida	e check pay Departmen	t of State		
9. TITLE NAME STREET ADDRESS	Illing Fee Is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGRM HOFFMAN, HARVEY B 4851 TAMIAMI TRAIL NORTH #3	RS/MANAGERS	10. TITLE NAME STREE	E Et address	d when reinstating)	Florida	e check pay Departmen	t of State		
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

(11/05 (239) 430-8/01

Date

Daytime Phone #