2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0100000398

1. Entity Name
JAMES L. MARTIN, LLC



FILED Feb 14, 2007 08:00 AM Secretary of State

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



01162007 No Chg-LLC

CR2E083 (11/05)

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

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

HOFFMAN, HARVEY B 4851 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103

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	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.					t am familiar with, and accept	
	the obligations of registered agent.		•		-		
SI	GNATURE						

(NOTE: Registered Agent signature required when rematating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	And the seminate evaluation of the series of				
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NAME	HOFFMAN, HARVEY B					
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CITY-ST-ZIP	NAPLES, FL 34103					
TITLE	MGRM	000000635442 02/23/07-80014-018/50.00				
NAME	MARTIN, JAMES L	10.00 (10.74.1010) 10.00 (10.0				
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CITY - ST-7IP	NAPLES, FL 34103	The first that the same of				
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NAME	HANSEN, JON F					
STREET ADDRESS	601 HOLLAND DRIVE					
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 exemptions contained in Chapter 119, Florida Statutes 1 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 1 am a managing member or manager of the limited liability company or the requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1124107

(234) 430-820

Date

Daytime Phone #