

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000398

Entity Name: JAMES L. MARTIN, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4851 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4851 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-1066260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOFFMAN, HARVEY B
Address: 4851 TAMIAMI TRAIL NORTH #300
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: MARTIN, JAMES L
Address: 4851 TAMIAMI TRAIL NORTH #300
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: HANSEN, JON F
Address: 601 HOLLAND DRIVE
City-St-Zip: FAR HILLS, NJ 07931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HANSON, JON F
Address: 601 HOLLAND DRIVE
City-St-Zip: FAR HILLS, NJ 07931

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARVEY B. HOFFMAN

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date