2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000003519

1. Entity Name
XYZ OF MARTIN COUNTY, LLC

Principal Place of Business	Mailing Address
7225 S.E. GOMEZ AVE. HOBE SOUND, FL 33455	615 OVERLOOK DR STUART, FL 34994

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01132006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
02-0605456	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMODY, JOHN T JR.
800 S.E.MONTEREY COMMONS BLVD., STE. 200
STUART, FL 34996

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KRUPP, ROBERT
STREET ADDRESS	615 OVERLOOK DRIVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/25/06--90006-015 50.00

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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. 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: _Pauline V. Krupp POA_   1/12/06 (772) 283-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

PAULINE V. KRUPP - POA