

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000008352

1. Entity Name  
MARTIN OCEAN WALK, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

Principal Place of Business

1440 NOVA RD., STE. 301  
HOLLY HILL, FL 32117

Mailing Address

1440 NOVA RD., STE. 301  
HOLLY HILL, FL 32117

*Daytona Beach*

*Daytona Beach*



01192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0444145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROBERT D  
1440 NOVA RD., STE. 301  
HOLLY HILL, FL 32117

*Daytona Beach*

**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

*Robert D Martin*

*2/13/04*

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTIN, ROBERT D
STREET ADDRESS	1440 NOVA ROAD STE 301
CITY-ST-ZIP	HOLLY HILL, FL 32117 <i>Daytona Beach</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Robert D Martin*

*2/13/04*

*386 238-5677*