2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 28, 2005 8:00 am Secretary of State DOCUMENT # L01000018897 1. Entity Name 03-28-2005 90286 016 ****50.00 MARTENS HOLDINGS, LLC Principal Place of Business Mailing Address 12 TURILEWALK 12 TURTLEWALK ~ ~ ~ ~ ~ ~ ~ ~ ~ COANESANTODOMNO COANESANTODOMNO KEYBISDAYNE, FL. 33149 KEYBISDAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 03-0379119 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, WESLEY M ESQ. HOWE, ROBINSON & WATKINS, LLP Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE, SUITE 504 MIAMI, FL 33131 City Zip Code FL 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Delete ☐ Change ☐ Addition SANTO DOMINGO, ANNE NAME NAME STREET ADDRESS 12 TURTLE WALK STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE □ Addition arbara Deitsch 2 Marl borough corborovah DEITSCH, BARBARA NAME NAME STREET ADDRESS **62 MARLBOROUGH ROAD** STREET ADDRESS SCARBOROUGH, NY 10510 CITY-ST-7IP CITY-ST-7IP **MGRM** TITLE _ Delete TITLE . Change - 🛶 🗔 Addition Soyce M. MASON, JOYCE M NAME NAME Woodglen STREET ADDRESS 105 WODDY GLEN COURT STREET ADDRESS CoveT FLAT ROCK, NC 28731 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition ٠. ٤ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

FILED

3/26/05 305-361-5274