


**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L01000018897**  
 1. Entity Name  
**MARTENS HOLDINGS, LLC**



Principal Place of Business <b>12 TURTLEWALK        GOANESANTODOMINGO        KEYBISCAYNE, FL 33149</b>	Mailing Address <b>12 TURTLEWALK        GOANESANTODOMINGO        KEYBISCAYNE, FL 33149</b>
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DO NOT WRITE IN THIS SPACE



02032006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>03-0379119</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ.  
 HOWE, ROBINSON & WATKINS, LLP  
 501 BRICKELL KEY DRIVE, SUITE 504  
 MIAMI, FL 33131**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTO DOMINGO, ANNE 12 TURTLE WALK KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DEITSCH, BARBARA 82 MARLBOROUGH ROAD SCARBOROUGH, NY 10510</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MASON, JOYCE M 105 WODDY GLEN COURT FLAT ROCK, NC 28731</b>
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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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:** Anne Santo Domingo *Anne Santo Domingo* Managing Member    02/3/06 305-361-5274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #