

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90013 007 ****55.00

DOCUMENT # L01000018897



1. Entity Name
MARTENS HOLDINGS, LLC

Principal Place of Business

Mailing Address

**12 TURTLE WALK
C/O ANNE SANTO DOMINGO
KEY BISCAYNE FL 33149**

**12 TURTLE WALK
C/O ANNE SANTO DOMINGO
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **03-0379119**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANTO DOMINGO, ANNE	
STREET ADDRESS	12 TURTLE WALK	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEITSCH, BARBARA	
STREET ADDRESS	62 MARLBOROUGH ROAD	
CITY-ST-ZIP	SCARBOROUGH NY 10510	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MASON, JOYCE M	
STREET ADDRESS	105 WODDY GLEN COURT	
CITY-ST-ZIP	FLAT ROCK NC 28731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anne Santo Domingo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Anne Santo Domingo**
 Date **2/4/02** Daytime Phone # **305-361-5274**

CR2E083 (10/02)