

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

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)