

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90209 045 ****50.00

DOCUMENT # L01000021314		
1. Entity Name MARTA JACENYIK LLC		

Principal Place of Business 103 NIGHTINGALE LANE GULF BREEZE, FL 32561	US <i>see below</i>	Mailing Address 103 NIGHTINGALE LANE GULF BREEZE, FL 32561	<i>see below</i>
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2. Principal Place of Business - No P.O. Box # 3759 BENGAL RD	3. Mailing Address PO BOX 1171
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GULF BREEZE	City & State GULF BREEZE	4. FEI Number 59-3759936	Applied For <input type="checkbox"/> Not Applicable
Zip 32563	Country SANTA ROSA	Zip FL 32561	Country SPANTAROVA

6. Name and Address of Current Registered Agent JACENYIK, MARTA 3759 BENGAL RD GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Marta Jacenyik (NOTE: Registered Agent signature required when reinstating)
 DATE 3/9/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACENYIK, MARTA 3759 BENGAL RD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: Marta Jacenyik DATE 3/9/07 Daytime Phone # _____

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