


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L01000021314</b> 1. Entity Name <b>MARTA JACENYIK LLC</b>					
Principal Place of Business <b>103 NIGHTINGALE LANE</b> <b>GULF BREEZE, FL 32561</b>			Mailing Address <b>103 NIGHTINGALE LANE</b> <b>GULF BREEZE, FL 32561</b>		
2. Principal Place of Business - No P.O. Box # <b>3759 BENGAL RD</b>			3. Mailing Address <b>PO BOX 1171</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>GULF BREEZE</b>		City & State <b>GULF BREEZE</b>		4. FEI Number <b>59-3759936</b>	
Zip <b>32563</b>		Country <b>SANTA ROSA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32561</b>		Country <b>FLORIDA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>JACENYIK, MARTA</b> <b>3759 BENGAL RD</b> <b>GULF BREEZE, FL 32563</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 <u><i>Marta Jacenyik</i></u> DATE <u>3/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Marta Jacenyik</i></u>			Date <u>3/9/07</u> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					