

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

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90083 003 \*\*\*\*55.00

**DOCUMENT #** L01000022384  
1. Entity Name  
MARTIN CONSTRUCTION, LLC

**DO NOT WRITE IN THIS SPACE**

B0039579

2. Principal Place of Business  
*418 Joe Anderson Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
~~418~~ *418 Joe Anderson Rd.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*DeFuniak Springs, FL*

City & State  
*DeFuniak Springs, FL*

4. FEI Number  
*60-0000463*

Applied For  
Not Applicable

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

Zip  
*32433*

Country  
*USA*

Zip  
*32433*

Country  
*USA*

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Lydolph, Paul III*

Street Address (P.O. Box Number is Not Acceptable)  
*2411 Highway 98 East*

*Suite 108*

City  
*Santa Rosa Beach* **FL** Zip Code  
*32459*

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President MGRM Gary L. Martin 418 Joe Anderson Rd. DeFuniak Springs, FL 32433</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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: *Gary L. Martin* *25 Feb 2002* *(888) 219-9231*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #