


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90022 038 \*\*\*\*\*50.00

<b>DOCUMENT # L02000012926</b>	
1. Entity Name <b>MART PROPERTIES LLC</b>	

Principal Place of Business <b>3711 CORTEZ ROAD WEST BRADENTON FL 34210</b>	Mailing Address <b>3711 CORTEZ ROAD WEST BRADENTON FL 34210</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>8210 Lakewood Ranch Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>8210 Lakewood Ranch Blvd.</b>	
City & State <b>Bradenton, FL 34202</b>		City & State <b>Bradenton, FL 34202</b>	
Zip <b>34202</b>	Country <b>FL</b>	Zip <b>34202</b>	Country <b>FL</b>



MOORE CR2E083 (11/03)

4. FEI Number <b>51-0455126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HEIM, PRISCILLA G 3711 CORTEZ ROAD WEST BRADENTON FL 34210</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8210 Lakewood Ranch Blvd</b> City <b>Bradenton, FL 34202</b> <b>FL</b> 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 \_\_\_\_\_ (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, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILMINGTON LAND COMPANY 3711 CORTEZ ROAD WEST STE 300 BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8210 Lakewood Ranch Blvd. Bradenton, FL 34202</b> <input checked="" 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
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
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
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
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 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: *Priscilla G Heim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/2/04 943281034*  
Date Daytime Phone #