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

FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90038 035 ****50.00

DOCUMENT # L 0 2 00 00 1 38 14	
M45 of Spruce Creek Dev. , LLC	

DO NOT WRITE IN					4UU23666
2. Principal F	Place of Business SSna BlvcL.	3. Mailing Address 208 Ce SSna. Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE
City & State Day for Zip	on Beach FL		Bench FL	4. FEI Number 02 - 06 3 2 6 0 1	Applied For Not Applicable
32128	Country USA	Zip 32/2₩	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	DO NOT W		Name Benn Street Address 208	7. Name and Address of Current RegIs Erte/ (P.O. Box Number is Not Acceptable)	stered Agent
8. The above	named entity submits this statement	or the purpose of changing	City Day	tone Beach ered agent, or both, in the State of Florida.	FL Zip Code 3 2 / 28
the obligated signature.	tions of registered agent.	Le	no registered diffee di registe	sed agent, or both, write state of Fiorida.	2503
•	Signature, typed or printed name of egistered ager	t and title if applicable.	FEE IS \$50.00		DATE
			able to Florida Departm DUE BY MAY 1	ent of State	
J. 9.	MANAGING MEMB	ERS/MANAGERS	e e la Majar	o de Alia de la compania de la comp La compania de la co	
NAME STREET ADDRESS CITY-ST-ZIP	Mark A. Martin Clo Martin Property 208 Cessna Bivel Daytona Beach		C. NAME. STREET ADDRESS CITY ST-ZIP		COLON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gust Sprang ch Dontona Airport 1890 Malibu Cour Dontona Beach F		NAME STREET ADDRESS CITY-ST-ZIP		200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	,	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT W	RITE
TITLE NAME STREET ADORESS CITY-ST-ZIP		·	TITLE NAME STREET ADDRESS .CITY-ST-ZIP	IN THIS SP	ACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS		10.00 (17 wr val 7 N to 10)

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Music Arrest	1-25	-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SILVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	