

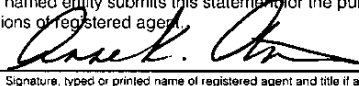
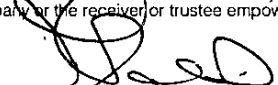


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 046 ****50.00

DOCUMENT # L02000015588					
1. Entity Name MARTIN REED LLC					
Principal Place of Business 1411 S.E. 16TH TERRACE CAPE CORAL, FL 33990			Mailing Address 1411 S.E. 16TH TERRACE CAPE CORAL, FL 33990		
2. Principal Place of Business 65 WATERWAYS DR.		3. Mailing Address 65 WATERWAYS DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162005 Chg-LLC CR2E083 (10/03)	
City & State KEY LARGO, FL		City & State KEY LARGO, FL		4. FEI Number 01-0730776	
Zip 33037		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PHOENIX, CHARLES PT ESQ. 12697 NEW BRITTANY BLVD. FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: ANNE K. ATON Street Address (P.O. Box Number is Not Acceptable): C/O BY THE NUMBERS, INC. 5051 CASTELLO DR., STE. 39 City: NAPLES FL Zip Code: 34103		
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: 		ANNE K. ATON, BOOKKEEPER		DATE: 1-15-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, MARTIN A. 1411 S.E. 16TH TERR. CAPE CORAL, FL 33990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, MARTIN A. 65 WATERWAYS DR. KEY LARGO, FL 33037
				<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	MGRM REED, MARY F. 65 WATERWAYS DR. KEY LARGO, FL 33037
				<input type="checkbox"/> Change <input checked="" 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: 		MARTIN A. REED, MANAGING MEMB.		305 - 522-0483	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	