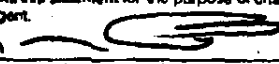
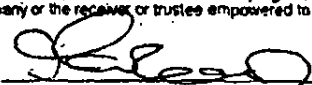


FILED
Sep 08, 2003 8:00 am
Secretary of State

8/1

08-14-2003 90046 003 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015588			
1. Entity Name MARTIN REED LLC			
Principal Place of Business 1411 S.E. 16TH TERRACE, FT. MYERS, FL 33990		Mailing Address 1411 S.E. 16TH TERRACE FT. MYERS, FL 33990	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33990		Zip 33990	
Country		Country	
4. FEI Number 01-0730776		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX, CHARLES PT ESQ. 1833 HENDRY STREET FT. MYERS, FL 33901		7. Name and Address of New Registered Agent PHOENIX, CHARLES PT ESQ. 12697 NEW BRITTANY BLVD. FT. MYERS FL 33907	
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 		DATE 24 July 2003	
Signature of agent or person in charge of preparing report and filing it in person		NOTE: Registered Agent's signature required when registering	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE: 8-11-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE AND TIME PRINTED	

55055863

CHECK HERE IF MAKING CHANGES

CR2003 (10/02)