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Sep 08, 2003 8:00 am
Secretary of State
08-14-2003 90046 003 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015588

1. Entity Name
MARTIN REED LLC

[redacted]

55055863

[redacted]

Principal Place of Business	Mailing Address
1411 S.E. 16TH TERRACE, FT. MYERS, FL 33990	1411 S.E. 16TH TERRACE FT. MYERS, FL 33990

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33990 Country:	Zip: 33990 Country:

☒ CHECK HERE IF MAKING CHANGES

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

Name: PHOENIX, CHARLES PT ESQ.
Street Address (P.O. Box Number is Not Acceptable): 12697 NEW BRITTANY BLVD.
City: FT. MYERS FL Zip Code: 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 [signature] 24 July 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: REED, MARTIN A. STREET ADDRESS: 1411 S.E. 16TH TERR. CITY-ST-ZIP: CAPE CORAL, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] MARTIN A. REED 8-11-03 (305) 522-0483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #