


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90035 015 ****50.00

DOCUMENT # L02000018988 1. Entity Name MISS MARTHA'S EMPLOYEES LLC	
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Principal Place of Business 6870 GRANADA BOULEVARD CORAL GABLES, FL 33146	Mailing Address 1172 S DIXIE HWY #495 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2667716	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 TRESCOTT DRUCKER VASALLO PL 2605 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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.

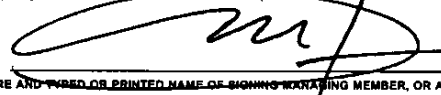
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, MARK W 6870 GRANADA BOULEVARD CORAL GABLES, FL 33146
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/25/06 305 669-2701**

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