


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90191 019 \*\*\*\*50.00

**DOCUMENT # L02000019536**

1. Entity Name  
**MARTIN BUSINESS PARK, LLC**



Principal Place of Business      Mailing Address

**1440 NOVA ROAD**      **1440 NOVA ROAD**  
**SUITE 301**      **SUITE 301**  
**HOLLY HILL, FL 32117**      **HOLLY HILL, FL 32117**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01192004    Chg-LLC    CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

**MARTIN, DOUGLAS**  
**1440 NOVA ROAD**  
**SUITE 301**  
**HOLLY HILL, FL 32117**

**7. Name and Address of New Registered Agent**

Name: **Richard K. Martin**  
Street Address (P.O. Box Number is Not Acceptable):  
**1440 Nova Rd Suite 301**  
City: **Holly Hill**      **FL**      Zip Code: **32117**

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: *Richard K. Martin*      **Richard K Martin**      **1/20/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>MARTIN, ROBERT D<br>1440 NOVA RD STE 301<br>DAYTONA BEACH, FL 32117 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MARTIN, RICHARD K<br>1440 NOVA RD STE 301<br>DAYTONA BEACH, FL 32117  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

**10. ADDITIONS/CHANGES**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M&R<br>Martin Daytona Corporation<br>1440 Nova Road, Suite 301<br>Holly Hill, FL 32117 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Richard K. Martin*      **Richard K Martin**      **1/20/04**      **286**  
Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #