

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90060 007 \*\*\*\*50.00

**DOCUMENT # L02000020420**

1. Entity Name  
**MARTIN MASONRY, LLC**



Principal Place of Business  
**1440 NOVA ROAD  
SUITE 301  
DAYTONA BEACH, FL 32117**

Mailing Address  
**1440 NOVA ROAD  
SUITE 301  
DAYTONA BEACH, FL 32117**



01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

**1440 N. NOVA RD.**

Suite, Apt. #, etc.

**STE. 301**

City & State

3. Mailing Address

**1440 N. NOVA RD.**

Suite, Apt. #, etc.

**STE. 301**

City & State

4. FEI Number  
**34-1976811**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, RICHARD K  
1440 NOVA ROAD  
SUITE 301  
DAYTONA BEACH, FL 32117**

7. Name and Address of New Registered Agent

Name  
**MARTIN, ROBERT D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1440 N. NOVA RD.**  
**STE. 301**  
City  
**DAYTONA BCH** **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/7/07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MARTIN DAYTONA CORPORATION  
1440 NOVA ROAD SUITE 301  
DAYTONA BEACH, FL 32117** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PICARD, RUSSELL  
310 GORDON ST  
SANFORD, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1440 N. NOVA RD. STE. 301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**32771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Robert D. Martin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/7/07**  
Date

**386.238.5577**  
Daytime Phone #