


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 040 ****50.00

DOCUMENT # L03000002580 1. Entity Name MARTIN 330 LLC					
Principal Place of Business 10570 HAGEN RANCH ROAD BOYNTON BEACH, FL 33424			Mailing Address 10570 HAGEN RANCH ROAD BOYNTON BEACH, FL 33424		
2. Principal Place of Business 6649 Forest Hill Blvd		3. Mailing Address 6649 Forest Hill Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Bch, FL		City & State West Palm Bch, FL		4. FEI Number 56-2315594	
Zip 33413		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KURTZ, JOHN 388 S. MILITARY TRAIL WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Jeffrey C. Lee Street Address (P.O. Box Number is Not Acceptable) 6649 Forest Hill Blvd City West Palm Bch FL Zip Code 33413			
8. The above named entity admits 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 <u><i>Jeffrey C. Lee</i></u> JEFFREY C. LEE <u>4/7/04</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGUM, E. WAYNE 10570 HAGEN RANCH ROAD BOYNTON BEACH, FL 33424	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, JEFFREY 10121 CALUMET LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, EDWARD 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, EDWARD 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, EDWARD 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, EDWARD 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, EDWARD 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
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: <u><i>Jeffrey C. Lee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	