

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002580

Entity Name: MARTIN 330 LLC

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 56-2315594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, JEFFREY C
6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEGUM, E. WAYNE
Address: 10570 HAGEN RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33424

Title: MGRM () Delete
Name: LEE, JEFFREY
Address: 10121 CALUMET LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: MAYR, EDWARD
Address: 6849 WEST CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEE, JEFFREY
Address: 18978 POINT DR.
City-St-Zip: JUPITER, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY C. LEE

MGRM

04/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date