

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000002580

1. Entity Name
MARTIN 330 LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 26 AM 9:31

Principal Place of Business
6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

Mailing Address
6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

56-2315594

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

JEFFREY C. LEE SR.

5-24-05

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME LEGUM, E. WAYNE
STREET ADDRESS 10570 HAGEN RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33424

TITLE MGRM ☐ Change ☒ Addition
NAME LEE, JEFFREY JR.
STREET ADDRESS 13804 80th LANE NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE MGRM ☐ Delete
NAME LEE, JEFFREY
STREET ADDRESS 18978 POINT DR.
CITY-ST-ZIP JUPITER, FL 33469

TITLE MGRM ☐ Change ☒ Addition
NAME LEE, WILLIAM H. JR.
STREET ADDRESS 140 PALM CIRCLE
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE MGRM ☐ Delete
NAME MAYR, EDWARD
STREET ADDRESS 6849 WEST CALUMET CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE MGRM ☐ Change ☒ Addition
NAME LEE, BARBARA
STREET ADDRESS 140 PALM CIRCLE
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900056303649
CITY-ST-ZIP 06/17/05--01047--001 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Jeffrey C. Lee Sr.

5-24-05

561-649-7334

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

Date

Daytime Phone #