


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90021 050 ****50.00

DOCUMENT # L03000010662					
1. Entity Name MARTELL TECHNOLOGIES LLC					
Principal Place of Business 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102			Mailing Address 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLINGTON SHIELD SERVICES LTD. INC. 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name: Wellington Shield, INC. Street Address (P.O. Box Number is Not Acceptable): 700 Eleventh Street South City: Naples FL Zip Code: 34102-6777	
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: <i>CB Monahan - Secretary</i> <i>Carole B. Monahan</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYRELL, THOMAS K.H. 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Wellman Limited Company 700 Eleventh Street South, PH2 Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>Thomas K.H. Tyrell</i> THOMAS K.H. TYRELL				Date: 4.20.06 Daytime Phone #: 239-430-4306	