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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR -4 P 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000010662

1. Entity Name
MARTELL TECHNOLOGIES LLC

Principal Place of Business	Mailing Address
700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102	700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
WELLINGTON SHIELD, INC. 700 ELEVENTH STREET SOUTH PH 2 NAPLES, FL 34102-6777	Name: Able Advisory, INC. Street Address (P.O. Box Number is Not Acceptable): 700 Eleventh Street South PH 2 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: Signature, typed or printed name of registered agent and title if applicable: Anthony R. Able Pres (NOTE: Registered Agent signature required when reinstating)

DATE: 3·19·07

Filing Fee is $50.00
Due by May 1, 2007

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. AomAC Ltd. Bison Court Road Town, Tortola, BVI	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WELLMAN LIMITED COMPANY 700 ELEVENTH STREET SOUTH PH 2 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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.

For and on behalf of Wellman Limited Company

SIGNATURE: Candace B Moore 3·19·07 239·430·4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #