

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015448

Entity Name: SAINT MARTIN GROUP, LLC

FILED
Aug 09, 2004
Secretary of State

Current Principal Place of Business:

8570 SW 124 ST
MIAMI, FL 33156

New Principal Place of Business:**Current Mailing Address:**

8570 SW 124 ST
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-1185174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, EMA A
8570 SW 124 ST.
MIAMI, FL 33156 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: BARRENECHEA, SEILA
Address: 10909 NW 59 ST.
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: BARRENECHEA, ALVARO
Address: 10909 NW 59 ST.
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: SANCHEZ, JORGE J
Address: 8570 SW 124 ST.
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: MARTIN, EMA A
Address: 8570 SW 124 ST,
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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

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

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

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

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 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: EMA MARTIN

MGR

08/09/2004

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