
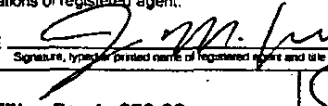



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90071 028 \*\*\*\*50.00

DOCUMENT # L03000025611			
1. Entity Name MARTIKI, LLC			
Principal Place of Business 4138 CENTRAL SARASOTA PKWY, APT 1512 SARASOTA, FL 34238		Mailing Address 4138 CENTRAL SARASOTA PKWY, APT 1512 SARASOTA, FL 34238	
2. Principal Place of Business 4288 Marseilles Ave		3. Mailing Address 4288 Marseilles Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota	
Zip 34233	Country Sarasota	Zip 34233	Country Sarasota
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent KENNEDY, JAMES M. 4138 CENTRAL SARASOTA PKWY, APT 1512 SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name JAMES KENNEDY. Street Address (P.O. Box Number is Not Acceptable) 4288 Marseilles Ave City Sarasota FL Zip Code 34233	
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 		James M. Kennedy President 4/25/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES M. KENNEDY 4288 Marseilles Ave Sarasota, FL 34233-1668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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
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 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: 		James M. Kennedy 4/25/04 941-266-0038	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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