


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000047596 1. Entity Name RICHARD T MARTIN, LLC.	
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Principal Place of Business 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653	Mailing Address 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653
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DO NOT WRITE IN THIS SPACE



03042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3230438	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, RICHARD T 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653
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<p>U000000856297 03/28/08-80007-013 138.75</p> DO NOT WRITE IN THIS SPACE

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: Richard T. Martin **3-8-08 727-842-1541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #