

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 024 ****50.00

DOCUMENT # L03000050462

1. Entity Name

MARTIN CRESTVIEW FARM & GARDEN LLC



Principal Place of Business

5570 TOM PAGE LN
BAKER FL 32531-5364

Mailing Address

5570 TOM PAGE LN
BAKER FL 32531-5364



1st MOORE

CR2E083 (10/05)

2. Principal Place of Business

5570 Tom Page Ln.
Suite, Apt. #, etc.

3. Mailing Address

5570 Tom Page Ln.
Suite, Apt. #, etc.

City & State

Baker, Florida
Zip Country

City & State

Baker, Florida
Zip Country

4. FEI Number

43-2034672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, BEN F JR
5570 TOM PAGE LN
BAKER FL 32531-5364

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Benny F. Martin Jr
Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-21-06

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARTIN, BEN F JR	
STREET ADDRESS	5570 TOM PAGE LN	
CITY-ST-ZIP	BAKER FL 32531-5364	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTIN, BEN F III	
STREET ADDRESS	388 HOSPITAL DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTIN, JAY A	
STREET ADDRESS	5530 TOM PAGE LN	
CITY-ST-ZIP	BAKER FL 32531	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Benny F. Martin Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-21-06

Date

(850) 537-8447
Daytime Phone #