

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

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**



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 restate)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, BEN F JR
STREET ADDRESS	5570 TOM PAGE LN
CITY-ST-ZIP	BAKER, FL 325315364
TITLE	MGRM
NAME	MARTIN, BEN F III
STREET ADDRESS	388 HOSPITAL DR
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	MGRM
NAME	MARTIN, JAY A
STREET ADDRESS	5530 TOM PAGE LN
CITY-ST-ZIP	BAKER, FL 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80051-015 50.00

**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:

Benj F Martin Jr
Benj F Martin Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-04-07
4-04-07

Date

(850) 537-8448
(850) 537-8448

Daytime Phone #