

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 23 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000001484 1. Entity Name MARTINEZ COMMUNICATIONS, LLC			
Principal Place of Business 4141 SOUTHPPOINT DRIVE EAST SUITE D JACKSONVILLE, FL 32216		Mailing Address 4141 SOUTHPPOINT DRIVE EAST SUITE D JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 500 South 3rd Street Suite, Apt. #, etc.		3. Mailing Address 500 South 3rd Street Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL Zip 32250-6624		City & State Jacksonville Beach, FL Zip 32250-6624	
Country USA		Country USA	
4. FEI Number 02-0721122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, PAUL 4141 SOUTHPPOINT DRIVE EAST SUITE D JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 South 3rd Street City Jacksonville Beach FL Zip Code 32250-6624	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ SERVICES, INC <input type="checkbox"/> Delete 4141 SOUTHPPOINT DRIVE EAST, SUITE D JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 South 3rd Street Jacksonville Beach, FL 32250-6624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, TRACEY <input type="checkbox"/> Delete 4141 SOUTHPPOINT DR. E. SUITE D JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 South 3rd Street Jacksonville Beach, FL 32250-6624
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 100098751461 04/26/07--01026--001 **300.00
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-18-07	
		Daytime Phone # 904-241-4250	

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