2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003103

Entity Name •
MARTRA PROPERTIES, LLC

Principal Place of Business
1119 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

Mailing Address
1119 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

01182006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0584816
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERLINCK, ROBERT D
1119 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMERLINCK, ROBERT D
STREET ADDRESS	11716 - 165TH RD NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	MGRM
NAME	STECHSCHULTE, WILLIAM J DO
STREET ADDRESS	13926 GREENTREE TRAIL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80093-015 50.00

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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: _____ 12/20/06 561-790-2876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #