

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90030 040 ****50.00

DOCUMENT # L04000003103

1. 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



2. Principal Place of Business - No P.O. Box #
1410 Royal Palm Bch Blvd
Suite, Apt. #, etc.
Suite A

3. Mailing Address
1410 Royal Palm Bch Blvd
Suite, Apt. #, etc.
Suite A

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0584816

Applied For
Not Applicable

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

City & State
Royal Palm Beach, FL
Zip
33411
Country
USA

City & State
Royal Palm Beach, FL
Zip
33411
Country
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Camerlinck, Robert D
Street Address (P.O. Box Number is Not Acceptable)
1410 Royal Palm Beach Blvd
Suite A
City
Royal Palm Beach FL Zip Code
33411

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert D Camerlinck

1/8/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAMERLINCK, ROBERT D
11716 - 165TH RD NORTH
JUPITER, FL 33478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STECHSCHULTE, WILLIAM J DO
13926 GREENTREE TRAIL
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Robert D Camerlinck

Date

1/8/07 5617902876

Daytime Phone #