2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

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DOCUMENT # L0400005874 1. Entity Name MARTIN ISLAND WAY, L.L.C.					03-21-2005 90531 031 ****50.00				
Principal Plac	e of Business	Mailing Address			1				
7741 N. MILITARY TRAIL, SUITE 1 7741 N. MILITARY TRAIL,			1 CHIT	- 1					
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, F									
PALIN DEACH	1 GARDENS, FL 33410	PALM DEACH GARDENS,	, rl ss	410		200	22976		
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	ChallC	CBOEO	22 /40/02\	_
					01002000	Chg-LLC	CHZEU	33 (10/03)	
City & State		City & State		4. FELNumb	ा .		Ар	plied For	
					53-08			No	t Applicable
Zip	Country	Zip	Coun	trv	, - <u> </u>	7-17 - 7		5.00 Add	
•		1 "		•	5. Certificate	of Status Desired		ee Required	illionai H
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New I			-
	o. Hamo dila Addicas di Galiotti	registalea Agoin		Name	7. Name and	Addless of Now I	negistered A	gent	
SCHICKET	DANZ, W K			, Tarrio					
77/1 N M	ILITARY TRAIL, SUITE 1			Street Address (P.O. Box Numb	er is Not Acceptabl	e)		
	ACH GARDENS, FL 33410					o. 10 1 1011 1000 pt.20.	٠,		
L VEIN DEV	ACH GARDENS, FE 35410	`							
							_		
				City			FL	Zip Code	•
							. –	<u> </u>	
8. The above	named entity submits this statement for	the purpose of changing its r	registere	ed office or register	ed agent, or bo	th, in the State of Fl	orida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURÉ .	••								
01010170112	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	Agent signature required	when reinstating)		DATE		
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	iling Fee is \$50.00 ue by May 1, 2005						ke check pa a Departme)
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		RS/MANAGERS	10.			Florid	a Departme		•
9	ue by May 1, 2005		-			Florid		ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WALL FOR Schickedanz

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT

3/10/2005 Date

561-845-8797

Daytime Phone #

President — Schickedanz Capital Group, LLC