2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000005874

1. Entity Name
MARTIN ISLAND WAY, L.L.C.

Principal Place of Business	Mailing Address
7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410

01062006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
55-0872421
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHICKEDANZ, W K
7741 N. MILITARY TRAIL, SUITE 1
PALM BEACH GARDENS, FL 33410

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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 _____ 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHICKEDANZ CAPITAL GROUP, L.L.C.
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	KELLY, GEORGE T IV
STREET ADDRESS	621 SE CENTRAL PARKWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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05/04/06-80057-003 50.00

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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: W.K. Schickedanz, Pres. 561-845-8797
SIGNATURE AND TITLE OF MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

W.K. Schickedanz, President
Schickedanz Capital Group, LLC
Member/Co-Managing Member