


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

04-18-2005 90077 024 ****50.00

DOCUMENT # L04000005924
 1. Entity Name
MARTIN & SON LANDSCAPING LLC



Principal Place of Business Mailing Address
 115 CR 2007 115 CR 2007
 BUNNELL FL 32110 BUNNELL FL 32110

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-0607935** Applied For Not Applicable

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

1st MOORE CR2E083 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ROLAND
 115 CR 2007
 BUNNELL FL 32110

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Roland Martin MGRM [Signature] DATE 3-23-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTIN, ROLAND	
STREET ADDRESS	115 CR 2007	
CITY-ST-ZIP	BUNELL FL 32110	
TITLE	MBR	<input checked="" type="checkbox"/> Delete
NAME	FOUTS, JASON	
STREET ADDRESS	301 CHARLES ST	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	MBR	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, BRUNO	
STREET ADDRESS	1103 FOURTH ST	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

386-437-9383

SIGNATURE: [Signature] Roland Martin MGRM DATE 3-23-05