## #2006 LIMITED LIABILITY COMPANY

## **FILED**

ANNUAL REPORT				Jan 27, 2006 08:00 AN		
1. Entity Name	MENT # L04000017				ecretary of State	
MARTIN'S INVESTMENTS OF AMERICA, L.L.C.						
Principal Place		Mailing Address 3015 BUCIDA DR.	· · · · · · · · · · · · · · · · · · ·	=	· · · ·	
3015 BUCIDA DRIVE 3015 BUCIDA DR. SARASOTA, FL 34232 SARASOTA, FL 34232						
		Tel management				
DO NOT WRITE IN THIS SPACE				01242006 No Chg-LLC	CR2E083 (11/05)	
				4. FEI Number 20-0823250	Applied For Not Applicable	
				5. Certificate of Status Desired	S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	┪ . ~	- More		
MYERS, TROY H JR. 2033 MAIN STREET				DO NOT W	/RITE	
SUITE 600 SARASOTA, FL 34237				IN THIS SI	PACE	
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_	Signature, typed or printed name of registered agent of	and the if applicable (NOTE Registe	ered Agent signature require	d when /kinstaling)	DATE	
Fî Di	ling Fee is \$50.00 ue by May 1, 2006		•	linar	00403685 5-80017-007 50.00	
9.	MAÑAGĪÑĠ MEMBE	RS/MANAGERS				
TITLE	MGRM			<del></del>	- Average	
NAME STREET ADDRESS	KASTAN, MARTIN K 3015 BUCIDA DRIVE				- A1 *few Annu	
CITY-ST-ZIP	SARASOTA, FL 34232			Production in the Control of the Con		
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP			_]		, , , , , , , , , , , , , , , , , ,	
TITLE		, · · · <del>u</del> · · - ·	·	appoint finance		
NAME STREET ADDRESS				DO NOT W	VOITE	
CITY-ST-ZIP			-	DO NOT V		
TITLE				IN THIS S	PACE	
NAME Street address City-St-Zip				# ####################################		
TITLE						
name Street address						
CITY-ST-ZIP			1		· · <del></del>	

11. I hereby certify that the information supplied with this filling 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 feetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

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