2007 LIMITED LIABILITY COMPANY

FILED Feb 09, 2007 08:00 AM

ANNUAL REPURI						Secretary of State			
DOCUMENT # L04000017957 1. Entity Name 1. En							cci ctai y	oi Statt	
MARTIN'S INVESTMENTS OF AMERICA, L.L.C.									
Principal Plac	e of Business	Mailing Address			1				
3015 BUCID		3015 BUCIDA DR.							
SARASOTA, F		SARASOTA, FL 34232							
8 D::	N								
Suite, Apt.	Place of Business - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.			-	30 0 0] 00 30 00 	## 88(3) ((3)((3)()) (8)() (6)()		
City & State		City & State			02072007 4. FEI Numb	Chg-LLC	CR2E083 (12/0	Applied For	
Only & Globa		·			20-0823250 Not Applicable				
Zip	Country	Zip Count		ntry	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				None	7. Name and	Address of New R	tegistered Agent		
MYERS T	ROY H JR.	Name							
2033 MÁIN	N STREET		Street Address			er is Not Acceptable	e)		
SUITE 600									
SARASOI	A, FL 34237						- 1'=:-'		
				City			FL Zip C	ode	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar w	ith, and accept	
	Signature, typed or printed name of registered agent	t and title if applicable (NOT	E Registere	ed Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					;		e check payable t Department of S		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGRM Delete TITI		TITL	E			☐ Chan	ge 🔲 Addition	
NAME	KASTAN, MARTIN K		NAM	_		U00000	629685		
STREET ADDRESS CITY-ST-ZIP	3015 BUCIDA DRIVE			FET ADDRESS '-ST-2IP		02/19/07-	80010-024 S	50.00	
	SARASOTA, FL 34232		TITU				☐ Chan		
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NAME			NAM	-				1	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				į	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or tryste	h this filing does not qualify for that my signature shall have the ampowered to execute this	r the exe	mptions contained e legal effect as if m	in Chapter 119, nade under oath	Florida Statutes. I fu that I am a manag Statutes	urther certify that the ging member or man	information ager of the	
	Moley !!			authorized Rej			(941) 953-81	10	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	OF SIGNING MANAGING MEMBER, MAI	NAGER, OR	RAUTHORIZED REPRESE	ENTATIVE	Date	Daytime Phon	, ii	