## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000046444

1. Entity Name
ROLAND MARTIN, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business 3530 31ST AVENUE SW

NAPLES, FL 34117

SIGNATURE:

Mailing Address

P.O. BOX 990370 NAPLES, FL 34116



04102006No Chg-LLC

CR2E083 (11/05)

5.	Certificate of Status Desired	\$5.00 Additional Fee Required	_
	NOT APPLICABLE	Not Applicab	ık
4.	HEI Number	[ [Whiten Lot	

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102

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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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE			
Filing Fee is \$50,00 Due by May 1, 2006			110000508868 04/28/06-80021-022 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROLAND P.O. BOX 990370 NAPLES, FL 34116		,			
TITLE NAME STREET AUDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 of the exemptions are the executed by Chapter 608. Florida Statutes.						

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE