

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063980

FILED
May 01, 2006
Secretary of State

Entity Name: MARTIN & ASSOCIATES CONTRACTORS LLC

Current Principal Place of Business:

2281 ADELIA BLVD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

2281 ADELIA BLVD
DELTONA, FL 32725

New Mailing Address:

110 W. LISBON PKWAY
DELAND, FL 32720

FEI Number: 20-1549593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KABA CONSULTING INC
205 W WASHINGTON ST
SUITE C
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

KABA CONSULTING INC
214 E WASHINGTON ST.
SUITE A
MINNEOLA, FL 34715 US

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.

SIGNATURE: ALEJANDRO KABA

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VEGA, MARTIN S
Address: 2281 ADELIA BLVD
City-St-Zip: DELTONA, FL 32725 US

Title: MGR () Delete
Name: FERNANDEZ, DANIEL A
Address: 2624 TOPSAIL HILL ST
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTIN VEGA

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date