

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90169 001 ***100.00

DOCUMENT # L04000089634

1. Entity Name
MARTINIQUE PROPERTIES LLC



Principal Place of Business
**113 BAYBRIDGE PARK
GULF BREEZE, FL 32561 US**

Mailing Address
**113 BAYBRIDGE PARK
GULF BREEZE, FL 32561 US**

30007016



03272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1961910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACQUEEN, JULIAN
113 BAYBRIDGE PARK
GULF BREEZE, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACQUEEN, JULIAN
113 BAYBRIDGE PARK
GULF BREEZE, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INNISFREE HOTELS, INC.
113 BAYBRIDGE PARK
GULF BREEZE, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

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

Date

Daytime Phone #