FILED
Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90040 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010714

1. Entity Name
ROBERT M. MARTIN, LLC

Principal Place of Business	Mailing Address
248 VENICE EAST BLVD VENICE, FL 34293	248 VENICE EAST BLVD VENICE, FL 34293

07112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5316 53RD. AVE. E. B		5316 53RD. AVE. E.	
Suite, Apt. #, etc.: LOT A23		Suite, Apt. #, etc.: LOT A23	
City & State: BRADENTON, FL		City & State: BRADENTON FL.	
Zip: 34203	Country	Zip: 34203	Country

4. FEI Number: 26-0107895 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ROBERT M 248 VENICE EAST BLVD VENICE, FL 34223	Name: MARTIN, ROBERT M. Street Address (P.O. Box Number is Not Acceptable): 5316 53RD. AVE. E. LOT A23 City: BRADENTON FL Zip Code: 34203

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: Robert M. Martin — 7-11-07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT M 248 VENICE EAST BLVD VENICE, FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT M. 5316 53RD. AVE. E. LOT A23 BRADENTON, FL. 34203	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert M Martin — 7-11-07 — 941-266-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #