


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 001 ****50.00

DOCUMENT # L05000038377	
1. Entity Name THE MARTIN LLC	

Principal Place of Business WORLD TRADE CENTER TAMPA 1101 CHANNELSIDE DRIVE, SUITE 240 TAMPA, FL 33602	Mailing Address WORLD TRADE CENTER TAMPA 1101 CHANNELSIDE DRIVE, SUITE 240 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

00034100



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4574244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MUSCA, DANIEL G PHELPS DUNBAR LLP 100 SOUTH ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name DANIEL G. PHILIP MUSCA Street Address (P.O. Box Number is Not Acceptable) c/o Tampa Business & Property Law Source, P.A. 12004 RACE TRACK ROAD City TAMPA FL Zip Code 33626	

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 *Daniel G. Musca* (NOTE: Registered Agent signature required when reinstating) DATE January 24, 2007

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOLTENBERG, KENNETH K 1101 CHANNELSIDE DR., #240 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOMBEECK, FRANCISCUS H 1101 CHANNELSIDE DR., #240 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *F. H. Bembreck* **F. H. Bembreck, manager** 1/18/07 813-864-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #