

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90123 021 \*\*\*\*50.00

DOCUMENT # L050G0052665

1. Entity Name

MARTIN COUNTY GARAGE, LLC



Principal Place of Business

4580 SE ROCKY POINT WAY  
STUART FL 34997  
US

Mailing Address

4580 SE ROCKY POINT WAY  
STUART FL 34997  
US



2. Principal Place of Business

991 SE MOBILE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1220  
Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

STUART FL

City & State

PORT SAFLAND FL

4. FEI Number

202919931

Applied For

Not Applicable

Zip

34994

Country

Zip

34992

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, STEVEN G ESQ.  
6751 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Michael Miller

Street Address (P.O. Box Number is Not Acceptable)

5519 SE Rockway

City Stuart

FL

Zip Code

34997

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]*  
Signature of principal, owner, or registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

7-20-06  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME MILLER, MICHAEL  
STREET ADDRESS 4600 SE ROCKY POINT WAY  
CITY-ST-ZIP JUPITER FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

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CITY-ST-ZIP  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-20-06  
Date

Daytime Phone #