

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068692

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: MARTIN AVENUE INDIANTOWN LLC

**Current Principal Place of Business:**

7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 20-3135810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

MILAZZO, THOMAS  
7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455 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: THOMAS MILAZZO

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILAZZO, STEPHANIE  
Address: 7654 SE MUIR WOODS LANE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR ( ) Delete  
Name: MILAZZO, THOMAS  
Address: 7654 SE MUIR WOODS LANE  
City-St-Zip: HOBE SOUND, FL 33455

**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: THOMAS MILAZZO

MGR

04/26/2006

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