

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90369 036 ****50.00

DOCUMENT # L05000074695

1. Entity Name

MARTIN MANAGEMENT COMPANY, LLC



Principal Place of Business

ONE BEACH CLUB DRIVE
SAN DESTIN RESORT #1403
MIRAMAR BEACH, FL 32250

Mailing Address

ONE BEACH CLUB DRIVE
SAN DESTIN RESORT #1403
MIRAMAR BEACH, FL 32250

60038715



04032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3175932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, THOMAS B
ONE BEACH CLUB DRIVE
SAN DESTIN RESORT #1403
MIRAMAR BEACH, FL 32250

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, THOMAS B TRUSTEE
ONE BEACH CLUB DRIVE
MIRAMAR BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, KATHERINE B TRUSTEE
ONE BEACH CLUB DRIVE
MIRAMAR BEACH, FL 32250

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

**DO NOT WRITE
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

4/13/07

Date

913 338 5469

Daytime Phone #