2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074695

1. Entity Name

MARTIN MANAGEMENT COMPANY, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

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



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
20-3175932	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

ulilne

Daytime Phone #

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE

SIGNATURE_	Signature, typed of printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)
	NOWILL FEE IS \$138.75 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	\[\frac{1}{2}\frac{1}{
NAME	MARTIN, THOMAS B TRUSTEE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS CITY-ST-ZIP	ONE BEACH CLUB DRIVE	The state of the s
	MIRAMAR BEACH, FL 32250	
TITLE	MGRM	
NAME STREET ADDRESS	MARTIN, KATHERINE B TRUSTEE ONE BEACH CLUB DRIVE	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32250	
TITLE	WITCHWAY DENOTI, I'E 02200	૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽
NAME		Lis resonation is the list take the list of the list o
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		The second section of the section of th
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]
NAME	·	
STREET ADDRESS CITY-ST-ZIP		Control of the second of the s
	and it, that the later residence and the design of the design of	perpendicular to a secretarized in Chapter 119. Florida Statutes, Lituralization certific that the information
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.		

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 Fiorida. I am familiar with, and accept the obligations of registered agent.