

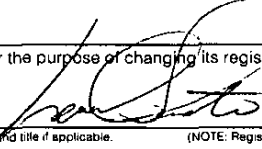
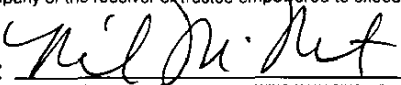


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90038 004 ****50.00

DOCUMENT # L05000079359 1. Entity Name MARTIN PROPERTY INVESTMENT SERVICES LLC					
Principal Place of Business 14604 TUDOR CHASE DRIVE TAMPA, FL 33626 US			Mailing Address 14604 TUDOR CHASE DRIVE TAMPA, FL 33626 US		
2. Principal Place of Business - No P.O. Box # 430 BURBURY CLOSE Suite, Apt. #, etc.		3. Mailing Address 430 BURBURY CLOSE Suite, Apt. #, etc.			
City & State FAYETTEVILLE, GA		City & State FAYETTEVILLE GA		4. FEI Number 20-3293968	
Zip 30215		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MICHELLE M 14604 TUDOR CHASE DRIVE TAMPA, FL 33626				7. Name and Address of New Registered Agent Name LOUIS C. SCURTAS Street Address (P.O. Box Number is Not Acceptable) 2430 ESTANCA BLVD ST 108 City CLARKSTON FL Zip Code 33061	
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  DATE 3-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM MARTIN, MICHELLE M 14604 TUDOR CHASE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 BURBURY CLOSE FAYETTEVILLE, GA 30215
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT J 14604 TUDOR CHASE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 BURBURY CLOSE FAYETTEVILLE, GA 30215
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 4/7/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					