

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000079359	
1. Entity Name MARTIN PROPERTY INVESTMENT SERVICES LLC	
Principal Place of Business 430 BURBURY CLOSE FAYETTEVILLE, GA 30215 US	Mailing Address 430 BURBURY CLOSE FAYETTEVILLE, GA 30215 US



03082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3293968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 2430 EAST STANCIA BLVD SUITE 108 CLEARWATER, FL 33761	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, MICHELLE M 430 BURBURY CLOSE FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT J 430 BURBURY CLOSE FAYETTEVILLE, GA 30215
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04/10/08-80107-004 138.75

**DO NOT WRITE
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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: Michele Martin 3/24/08 (170) 155-1382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #