

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90051 012 ****55.00

DOCUMENT # L05000104556

1. Entity Name
MART ENTERPRISES, LLC



Principal Place of Business
218 TIMPOOCHEE DRIVE
INDIAN HARBOUR BEACH, FL 32937

Mailing Address
218 TIMPOOCHEE DRIVE
INDIAN HARBOUR BEACH, FL 32937

20000189



2. Principal Place of Business

2510 KIRBY CIR. NE

Suite, Apt. #, etc.
Suite # 110

City & State
PALM BEACH, FL

Zip
32905

3. Mailing Address

218 Timpoochee DR

Suite, Apt. #, etc.
INDIAN HARBOUR BEACH, FL

City & State

Zip
32937

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3716161

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUCHER, ARTHUR R
218 TIMPOOCHEE DRIVE
INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM President
KUCHER, ARTHUR R
218 TIMPOOCHEE DRIVE
INDIAN HARBOUR BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres.
Marie M. Kucher
218 Timpoochee DR
INDIAN HBR Bch, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ARTHUR R. KUCHER 1/4/06

(C) 321 432-2975