


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90146 025 \*\*\*\*50.00

<b>DOCUMENT # L06000016026</b>	
1. Entity Name <b>MARTINI'S UP PARTNERS, LLC</b>	

Principal Place of Business <b>5342 LAKE MARGARET DRIVE SUITE 524 ORLANDO, FL 32812</b>	Mailing Address <b>5342 LAKE MARGARET DRIVE SUITE 524 ORLANDO, FL 32812</b>
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**20005045**



2. Principal Place of Business - No P.O. Box # <b>1712 Garvin St.</b>	3. Mailing Address <b>1712 Garvin St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32803</b>	Country <b>U.S.A.</b>

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>27-0139421</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SCHEINBLUM, MARK D 450 SOUTH ORANGE SUITE 800 ORLANDO, FL 32812</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**MISA Worldwide Prods, Inc.**  
(James Collinane, Director)  
**1712 Garvin St., Orlando, FL 32803**

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:** *James Collinane* **James Collinane** 2/24/07 407 482 3335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*(Director, MISA Worldwide Prods, Inc.)*