

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036250

FILED
Mar 20, 2009
Secretary of State

Entity Name: MARTINI SHOT CASTING LTD. CO.

Current Principal Place of Business:

5615 SAN JUAN AVE
#605
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

3569 BALLESTERO DRIVE S
JACKSONVILLE, FL 32257 US

Current Mailing Address:

PO BOX 32475
JACKSONVILLE, FL 32237 US

New Mailing Address:

FEI Number: 20-4653033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, J AMANDA
5615 SAN JUAN AVE
#605
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

MANYETTE, RITA
3569 BALLESTERO DRIVE S
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: RITA MANYETTE

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANYETTE, RITA J
Address: 3569 BALLESTERO DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM (X) Delete
Name: DAVIDSON, J AMANDA
Address: 5615 SAN JUAN AVE #605
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RITA MANYETTE

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date