

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-26-2007 90027 037 ****50.00

DOCUMENT # L06000039016					
1. Entity Name MARTY L. MARTIN, L.L.C.					
Principal Place of Business 4560 SADDLEHORN TRAIL MIDDLEBURG, FL 32068			Mailing Address 4560 SADDLEHORN TRAIL MIDDLEBURG, FL 32068		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MARTY 4560 SADDLEHORN TRAIL MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE <i>Marty Martin</i>				4. FEI Number <i>14-1959684</i>	
(NOTE: Registered Agent signature required when terminating)				DATE <i>1-8-7</i>	
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, MARTY 4560 SADDLEHORN TRAIL MIDDLEBURG, FL 32068			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ 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: <i>Marty Martin</i>				DATE <i>1-8-7</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>904-237-6671</i>	

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