2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007
Secretary of State

DOCUMENT# L06000098744

Entity Name: MARKET STREET INDIANTOWN LLC

Current Principal Place of Business:

15328 SW WARFIELD BLVD.
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

15328 SW WARFIELD BLVD.
INDIANTOWN, FL 34956

New Mailing Address:

P.O. BOX 38
INDIANTOWN, FL 34956

FEI Number: 20-8033117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POWERS, KEVIN
15328 SW WARFIELD BLVD.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

POWERS, KEVIN P
15328 SW WARFIELD BLVD.
INDIANTOWN, FL 34956 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: KEVIN P. POWERS 08/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: POWERS, KEVIN P
Address: 15328 S.W. WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956

Title: MGRM ( ) Change (X) Addition
Name: BATCHELOR, HEATH
Address: 15328 S.W. WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956

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: KEVIN P. POWERS MGRM 08/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date