


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90141 049 \*\*\*\*50.00

<b>DOCUMENT # L06000107151</b>	
1. Entity Name <b>MARTIN ENTERPRISES, LLC</b>	

Principal Place of Business <b>5693 NW COUNTY ROAD 661 ARCADIA, FL 34266 US</b>	Mailing Address <b>5693 NW COUNTY ROAD 661 ARCADIA, FL 34266 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-584-9652</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WALDRON, EUGENE E JR 124 NORTH BREVARD AVENUE ARCADIA, FL 34266</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	<b>MGRM MARTIN, JENNIE M 5693 NW COUNTY ROAD 661 ARCADIA, FL 34266</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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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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:** Jennie M. Martin **JENNIE M. MARTIN** 3/16/07 863-494-2749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #