

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-03-2007 90251 015 ****50.00

DOCUMENT # L06000110214																																									
1. Entity Name JONATHAN MARTIN, LLC																																									
Principal Place of Business 4050 SOUTH RIDGEWOOD AVENUE PORT ORANGE, FL 32127 US			Mailing Address 4050 SOUTH RIDGEWOOD AVENUE PORT ORANGE, FL 32127 US																																						
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	4. FEI Number 04292007 Chg-LLC CRZE083 (12/06)																																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable																																					
6. Name and Address of Current Registered Agent MARZ, JONATHAN M 937 MEADOW VIEW UNIT E PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																						
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 the registered agent. SIGNATURE DATE _____ (NOTE: Registered Agent signature required when re-registering)																																									
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 30%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 30%; padding: 5px;"> ☐ Delete </td> <td style="width: 40%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 30%; padding: 5px;"> ☐ Change </td> <td style="width: 30%; padding: 5px;"> ☐ Addition </td> <td style="width: 40%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Change </td> <td style="padding: 5px;"> ☐ Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Change </td> <td style="padding: 5px;"> ☐ Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Change </td> <td style="padding: 5px;"> ☐ Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> ☐ Change </td> <td style="padding: 5px;"> ☐ Addition </td> <td style="padding: 5px;"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ 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 606, Florida Statutes. SIGNATURE:																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																									

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