

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L95000000555

1. Entity Name
MARTECH ENTERPRISES L.C.



Principal Place of Business
**1901 BRICKELL AVENUE B-PH 11
MIAMI, FL 33129**

Mailing Address
**1901 BRICKELL AVENUE, B-PH11
MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



01152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0594960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
1840 CORAL WAY 4TH FLOOR
MIAMI, FL 33145**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000288086
04/04/05-80097-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOFGREN, CHARLES E 1901 BRICKELL AVENUE, B-PH11 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTEIN, MARVIN S 598 ELK CLOVER CIRCLE PALM DESERT, CA 92211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WERTHEIM, ROBERT 17705 DEVEREUX ROAD SAN DIEGO, CA 92128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIMMEL, MARVIN 12091 TRETAGNIER CIRCLE SAN DIEGO, CA 92128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, JACK 11737 CAMINITO CORRIENTE SAN DIEGO, CA 92128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, STEVEN 5525 AMBOY RD STATEN ISLAND, NY 10312

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles E. Lofgren **CHARLES E. LOFGREN** 4/2/05 (305) 858-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #