

2001 UNIFORM BUSINESS REPORT (UBR)

0023742 AF

DOCUMENT # L98000000763

1. Entity Name

MARTIN SQUARE PROPERTIES, L.C.

FILED

01 JAN 17 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~3232 S.E. DIXIE HIGHWAY~~

~~3232 S.E. DIXIE HIGHWAY~~

~~STUART FL 34997~~

~~STUART FL 34997~~

815 COLORADO AVE

2. Principal Place of Business

STE # 101

3. Mailing Address

815 COLORADO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STUART

SUITE # 101

City & State

City & State

FL

STUART FL

Zip

Country

Zip

Country

34994

USA

34994

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851473

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JAMES C

~~3232 S.E. DIXIE HIGHWAY~~

~~STUART FL 34997~~

Name

Street Address (P.O. Box Number is Not Acceptable)

815 COLORADO AVE

SUITE # 101

City

STUART

FL

Zip Code

34994

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM MORGAN, JAMES C
STREET ADDRESS 3232 S.E. DIXIE HIGHWAY
CITY-ST-ZIP STUART FL 34997

TITLE NAME ☒ Change ☐ Addition
815 COLORADO AVE # 101
STREET ADDRESS SUITE # 101
CITY-ST-ZIP STUART, FL 34994

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
000003572560-5
-01/24/01--01021--012
*****55.00 *****55.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1-11-01

541 286-6292

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

Date

Daytime Phone #

CR2E083 (11/00)