

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90194 002 ****50.00

DOCUMENT # L99000006828

1. Entity Name
MARTIN PROPERTY DEVELOPMENT, LLC



Principal Place of Business
~~208 CESSNA BLVD~~
PORT ORANGE, FL 32128 US

Mailing Address
~~208 CESSNA BLVD~~
PORT ORANGE, FL 32128 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
~~210 CESSNA BLVD~~ STE 1

Suite, Apt. #, etc.
~~210 CESSNA BLVD~~ STE 1

City & State

City & State

Zip

Country

Zip

Country

02052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3635601

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

ERTEL, BENNY
~~208 CESSNA DR.~~
PORT ORANGE, FL 32128

Name

Street Address (P.O. Box Number is Not Acceptable)
~~210 CESSNA BLVD~~ STE 1

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 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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, MARK A
~~208 CESSNA BLVD~~
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~210 CESSNA BLVD~~ STE 1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, ARLENE E
~~208 CESSNA BLVD~~
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~210 CESSNA BLVD~~ STE 1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ERTEL, BENNY
~~208 CESSNA BLVD~~
PORT ORANGE, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~210 CESSNA BLVD~~ STE 1 ☒ 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

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:

Mark A. Martin

2/6/06

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

Date

Daytime Phone #