

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90150 002 \*\*\*\*50.00

**DOCUMENT # L99000006828**

1. Entity Name  
**MARTIN PROPERTY DEVELOPMENT, LLC**



Principal Place of Business  
**210 CRESSNA BLVD STE 1**  
**PORT ORANGE, FL 32128 US**

Mailing Address  
**210 CRESSNA BLVD STE 1**  
**PORT ORANGE, FL 32128 US**

00010000

2. Principal Place of Business - No P.O. Box #  
**210 CESSNA BLVD STE 1**

3. Mailing Address  
**210 CESSNA BLVD STE 1**



02122007 Chg-LLC CR2E083 (12/06)

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**

**ERTEL, BENNY**  
**210 CRESSINA BLVD STE 1**  
**PORT ORANGE, FL 32128**

**7. Name and Address of New Registered Agent**

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, 2007**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**MARTIN, MARK A**  
**210 CRESSNA BLVD STE 1**  
**PORT ORANGE, FL 32128** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**MARTIN, ARLENE E**  
**210 CRESSNA BLVD STE 1**  
**PORT ORANGE, FL 32128** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**ERTEL, BENNY**  
**210 CRESSNA BLVD STE 1**  
**PORT ORANGE, FL 32128** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**10. ADDITIONS/CHANGES**

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

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

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**210 CESSNA BLVD STE 1**

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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:

*[Signature]*

*2/28/07*

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

Date

Debiting Phone #