


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002388 1. Entity Name MARTIN CAPITAL, LLC	
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Principal Place of Business 745 N. MAIN STREET CLAYTON, GA 30525	Mailing Address 745 N. MAIN STREET CLAYTON, GA 30525
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2607035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, KENNETH B
50 N. LAURA STREET, SUITE 1675
C/O BECKER & POLIAKOFF
JACKSONVILLE, FL 32202

**DO NOT WRITE
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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, J. ASHLEY PO BOX 1549 CLAYTON, GA 30525
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04/16/04-80058-011 50.00

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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: JCM ASHLEY MARTIN 4-12-04 706-782-4802

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

Date Daytime Phone #