

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004239

Entity Name: MATTHEW PATRICK LC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O MATTHEW DEMIKE  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**New Mailing Address:**

C/O MATTHEW DEMIKE  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792

**Current Mailing Address:**

C/O MATTHEW DEMIKE  
131 WARBLER LANE  
CASSELBERRY, FL 32707

FEI Number: 59-3702260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMIKE, MATTHEW  
131 WARBLER LANE E  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

DEMIKE, MATTHEW  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792 US

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: \_\_\_\_\_

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEMIKE, MATTHEW  
Address: 5419 LAKE HOWELL ROAD  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW DEMIKE

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date