2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016675

1. Entity Name

MATTHEW ASSET MANAGEMENT, L.L.C.



Principal Place of Business

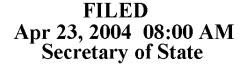
7331 OFFICE PARK PLACE

SUITE 200 VIERA, FL 32940 Mailing Address

7331 OFFICE PARK PLACE

SUITE 200

VIERA, FL 32940





03222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3754059

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RENFRO, ROBERT M 7331 OFFICE PARK PLACE SUITE 200 VIERA, FL 32940

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 reinstatin | | (NOTE, Registered Agent signature required when reinstating) | 4-16-04 DATE |
| Filing Fee is \$50.00 Due by May 1, 2004 | | (| U00000126998 04/23/04-80057-015 50.00 |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EULER, EARNEST C 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940 | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RENFRO, ROBERT M 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940 | | · · · · · · · · · · · · · · · · · · · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO N | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN T | HIS SPACE |
| TITLE NAME STREET ADDRESS | | | <i>√</i> |

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: \ \ \alpha \ \. \alpha \ \alpha \ \. \alpha \ \alpha \ \. \alpha \ \alpha \ \alpha \ \. \alpha \ \alpha \ \. \alpha \ \alpha \ \alpha \ \alpha \ \. \alpha \

4-16-04

Daytime Phone #