

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038526

Entity Name: MATZ PROPERTIES, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

8146 NW 21 COURT
SUNRISE, FL 33322

New Principal Place of Business:

2331 N STATE ROAD 7
215
LAUDERHILL, FL 33313

Current Mailing Address:

8146 NW 21 COURT
SUNRISE, FL 33322

New Mailing Address:

2331 N STATE ROAD 7
215
LAUDERHILL, FL 33313

FEI Number: 20-4691947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, LATOSHA
Address: 8146 NW 21 COURT
City-St-Zip: SUNRISE, FL 33322

Title: MGRM () Delete
Name: WILLIAMS, MARCUS
Address: 8146 NW 21 COURT
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, LATOSHA
Address: 2331 N STATE ROAD 7 UNIT 215
City-St-Zip: LAUDERHILL, FL 33313

Title: MGRM (X) Change () Addition
Name: WILLIAMS, MARCUS
Address: 2331 N STATE ROAD 7 UNIT 215
City-St-Zip: LAUDERHILL, FL 33313

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: LW

MGRM

04/24/2007

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