

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060292

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Entity Name:** MATILSKY & MORRIS REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

22240 HOLLYHOCK TRAIL  
BOCA RATON, FL 33431

**New Principal Place of Business:**

22240 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433

**Current Mailing Address:**

22240 HOLLYHOCK TRAIL  
BOCA RATON, FL 33431

**New Mailing Address:**

22240 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433

FEI Number: 26-0383574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRASNA, GARY M  
120 E. PALMETTO PARK ROAD  
SUITE 100  
BOCA RATON, FL 33432 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: MGR ( ) Delete  
Name: MATILSKY, MICHAEL  
Address: 22240 HOLLYHOCK TRAIL  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR ( ) Delete  
Name: MORRIS, STEVEN E  
Address: 7508 LA PAZ COURT, SUITE #101  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

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

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: MICHAEL MATILSKY

MGR

03/24/2008

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