

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 26 PM 1:07

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000123

MATTER BROTHERS REAL ESTATE, L.C.
% MATTER BROS. FURNITURE
40528 U.S. 19 NORTH
TARPON SPRINGS FL 34689

1a. Principal Place of Business Address
3/3
% MATTER BROS. FURNITURE
40528 U.S. 19 NORTH
TARPON SPRINGS FL 34689

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/03/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0561019	5. Date of Last Report
				01/29/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
KUSHNER, STEVEN P 1515 BROADWAY FORT MYERS FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MATTER, JOHN C	11750 CLEVELAND AVE.	FORT MYERS FL
MGRM	MATTER, GARY F	11750 CLEVELAND AVE.	FORT MYERS FL
MGRM	MATTER, STEWART W II	11750 CLEVELAND AVE.	FORT MYERS FL
MGRM	MATTER, THOMAS M	11750 CLEVELAND AVE.	FORT MYERS FL

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Tom Matter 2-23-98 942-3618
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #