File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SORT 22 TO 1: 20 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000123 1a. Principal Place of Business Address MATTER BROTHERS REAL ESTATE, L.C. % MATTER BROS. FURNITURE % MATTER BROS. FURNITURE 40528 U.S. 19 NORTH 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/03/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0561019 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 02/26/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KUSHNER, STEVEN P 1515 BROADWAY Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 Suite Ant # etc 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 purp 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 in quincit when remaining 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 00**0002789150**--- 0 -02/28/33--01034--025 ****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. If urther 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 acaddress.

NAME OF SIGNING MANAGEGIAMEMBERG

INHSE 10 R (12-98)

SIGNATURE: