

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90028 030 \*\*\*\*50.00

DOCUMENT # **L95000000123**

1. Entity Name  
**MATTER BROTHERS REAL ESTATE, L.C.**

|  |  |
|--|--|
| Principal Place of Business<br><b>% MATTER BROS. FURNITURE<br/>         40528 U.S. 19 NORTH<br/>         TARPON SPRINGS FL 34689</b> | Mailing Address<br><b>% MATTER BROS. FURNITURE<br/>         40528 U.S. 19 NORTH<br/>         TARPON SPRINGS FL 34689</b> |
|--|--|

**902270**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|--|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0561019</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**KUSHNER, STEVEN P  
 1515 BROADWAY  
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 Name **Thomas M. Matter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40528 U.S. 19 N.**  
 City **Tarpon Springs FL** Zip Code **34689**

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.

SIGNATURE Thomas M. Matter DATE **1-7-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MATTER, JOHN C<br/>40528 U.S. 19 NORTH<br/>TARPON SPRINGS FL 34689</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MATTER, GARY F<br/>40528 U.S. 19 NORTH<br/>TARPON SPRINGS FL 34689</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MATTER, STEWART W II<br/>40528 U.S. 19 NORTH<br/>TARPON SPRINGS FL 34689</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MATTER, THOMAS M<br/>40528 U.S. 19 NORTH<br/>TARPON SPRINGS FL 34689</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Thomas M. Matter DATE **1-7-02** (27) 942-3618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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CP2E083 (9/01)