


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 004 ****50.00

DOCUMENT # L95000000123

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



Principal Place of Business Mailing Address

% **MATTER BROS. FURNITURE**
40528 U.S. 19 NORTH
TARPON SPRINGS FL 34689

% **MATTER BROS. FURNITURE**
40528 U.S. 19 NORTH
TARPON SPRINGS FL 34689



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address

3320 122nd Ave. N. **3320 122nd Ave. N.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 3 **Suite 3**

City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Country Zip Country

33716 **33716** **FL** **FL**

4. FEI Number Applied For

65-0561019 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MATTER M
~~**40528 U.S. 19 NORTH**~~
~~**TARPON SPRINGS FL 34689**~~

7. Name and Address of New Registered Agent

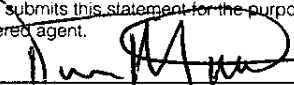
Name

Street Address (P.O. Box Number is Not Acceptable)
3320 122nd Ave. N. Unit 3

City State Zip Code

St. Petersburg **FL** **33716**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Tom Matter** DATE: **1/27/04**

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 Florida Department of State
Due By May 1, 2004

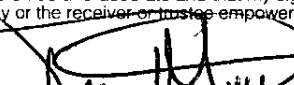
9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3320 122nd Ave N. Unit 3	
CITY-ST-ZIP	St. Petersburg, FL - 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3320 122nd Ave N. Unit 3	
CITY-ST-ZIP	St. Petersburg, FL - 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3320 122nd Ave. N. Suite 3	
CITY-ST-ZIP	St. Petersburg, FL - 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3320 122nd Ave N. Unit 3	
CITY-ST-ZIP	St. Petersburg, FL - 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Tom Matter** Date: **1/27/04** Daytime Phone #: **(727) 573-4060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE