## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L95000000123

1. Entity Name

MATTER BROTHERS REAL ESTATE, L.C.



**FILED** Jan 10, 2003 8:00 am Secretary of State
01-10-2003 90007 018 \*\*\*\*50.00

Principal Pla			<del></del>					
~	ace 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		1 / B B i t B i	I <b>A</b> (T   <b>G</b> (G) White <b>Ga</b> (e)	46): 24::	11 <b>3318</b> 1 .1618	MANA PATE ANNE
2. Principal	Place of Business	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0561019 Applied For				
				4. 1 6.14011104	er 65-0561019	,		ot Applicable
Zip ———	Country	Zip	Country	5. Certificate	of Status Desired		55.00 A	dditional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re		ee Requir	eu
TH	OMAS, MATTER M	•	Name				<b>_</b>	
	528 US 19 NORTH		Street Addre	ss (P.O. Box Numbe	r is Not Acceptable)	- w.		
	RPON SPRINGS FL 34689			- Ton Box Hambe	- 13 (Vot Acceptable)			
			City				Zip Cod	
8. The above	e named entity submits this statement to	r the purpose of changing the		<del></del>		FL_		
the obliga	e named entity submits this statement fo tions of registered agent.	i the purpose of changing its	registered office or regis	stered agent, or both	n, in the State of Flori	da. I am fa	miliar with	and accept
SIGNATURE		,						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·	OW!!! FEE IS \$50.0					
		Make Check Payabl						
		Due	By May 1, 2003	Herit Of State				
9.	MANAGING MEMBE			ľ				
		RS/MANAGERS	10		10015.0			
TITLE	MGRM		10.		ADDITIONS/C			
TITLE NAME	MGRM	RS/MANAGERS  Delete	TITLE		ADDITIONS/C		Change	☐ Addition
NAME	MGRM MATTER, JOHN C		TITLE NAME		ADDITIONS/C		Change	☐ Addition
name Street address	MGRM		TITLE		ADDITIONS/C		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTER, JOHN C 40528 U.S. 19 NORTH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/C	[		
	MGRM MATTER, JOHN C 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689 MGRM MATTER, GARY F		TITLE NAME STREET ADDRESS		ADDITIONS/C	[	Change	Addition
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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:

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