

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003443

1. Entity Name
MATTHEWS-JACOBS INVESTMENTS, L.C.



Principal Place of Business
2600 DOUGLAS RD., STE. 607
CORAL GABLES, FL 33134

Mailing Address
2600 DOUGLAS RD., STE. 607
CORAL GABLES, FL 33134



01112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1947438

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, ROBERT A
2600 DOUGLAS RD., STE. 607
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MATTHEWS, MARY L
5262 MISSION HILL DRIVE
TUCSON, AZ 85718

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JACOBS, ELSIE E
5262 MISSION HILL DRIVE
TUCSON, AZ 85718

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JEFFERY, MATTHEW J
3130 E. BROADWAY BLVD, SUITE 100
TUCSON, AZ 85716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000180480
01/14/05-80007-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

1-12-05 3054453692