


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013564 1. Entity Name ROSS MATZ INVESTMENTS I, LLC	
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Principal Place of Business 3325 S UNIVERSITY DR SUITE 210 DAVIE, FL 33328	Mailing Address 3325 S UNIVERSITY DR SUITE 210 DAVIE, FL 33328
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04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1053053	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSS, BARRY 3325 S UNIVERSITY DR SUITE 210 DAVIE, FL 33328
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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.

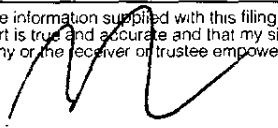
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSS, BARRY 3325 S UNIVERSITY DR SUITE 210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATZ, WILLIAM D 3325 S UNIVERSITY DR SUITE 210 DAVIE, FL 33328
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<p>04132004 No Chg-LLC 04/29/04 08:00 AM 04132004 No Chg-LLC</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **BARRY ROSS** **4-29-04** **954-452-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #