

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016134

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** MATTHEWS PROPERTIES, LLC

**Current Principal Place of Business:**

310 ANTHONY DRIVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

310 ANTHONY DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 59-3688986      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE SUITE B-1  
PORT ORANGE, FL 32127 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATTHEWS, D. GALE  
Address: 310 ANTHONY DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Delete  
Name: MATTHEWS, SHAWN M  
Address: 310 ANTHONY DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D. GALE MATTHEWS

MGRM

05/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date