

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # LD1000007823

1. Entity Name  
 MATTHEW DEVELOPMENT, L.L.C.



Principal Place of Business  
 7331 OFFICE PARK PLACE  
 SUITE 200  
 VIERA, FL 32940

Mailing Address  
 7331 OFFICE PARK PLACE  
 SUITE 200  
 VIERA, FL 32940



02022006 No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3727390** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

RENFRO, ROBERT M  
 7331 OFFICE PARK PLACE  
 SUITE 200  
 VIERA, FL 32940

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

LD00000432184  
 02/23/06 80060-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EULER, ERNEST C 7331 OFFICE PARK PLACE STE 200 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENFRO, ROBERT M 7331 OFFICE PARK PLACE STE 200 VIERA, FL 32940
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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert M Renfro Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE