

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90963 020 ****55.00

DOCUMENT # 201000010478

1. Entity Name

MATSON Family Properties LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3150 BAYOU SOUND

Suite, Apt. #, etc.

3. Mailing Address

6700 GULF OF MEXICO DRIVE

Suite, Apt. #, etc.

106

DO NOT WRITE IN THIS SPACE

City & State

LONGBOAT KEY, FL

City & State

LONGBOAT KEY, FL

4. FEI Number

EIN 65-1122954

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES H. MATSON

Street Address (P.O. Box Number is Not Acceptable)

6700 GULF OF MEXICO DR. #10602

821 BAYPORT WAY

City

LONGBOAT KEY

FL

Zip Code

34228

**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.

SIGNATURE

James H. Matson

JAMES H. MATSON Member 3-24-02

DATE

FEE IS \$60.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
JAMES H. MATSON
6700 GULF OF MEXICO DR. #106
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
JANE E. MATSON
6700 GULF OF MEXICO DR. #106
LONGBOAT KEY, FL 34228

TITLE
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**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

James H. Matson

JAMES H. MATSON MEMBER 3-24-02

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

Date

Daytime Phone

941-383-4982

CR2E083B (12/01)