

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010478

1. Entity Name

MATSON FAMILY PROPERTIES LLC



Principal Place of Business

**3150 BAYOU SOUND
LONGBOAT KEY FL 34228
US**

Mailing Address

**3150 BAYOU SOUND
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122954

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATSON, JAMES H
3150 BAYOU SOUND
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
MATSON, JAMES H
3150 BAYOU SOUND
LONGBOAT KEY FL 34228**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
MATSON, JANE E
3150 BAYOU SOUND
LONGBOAT KEY FL 34228**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

**U00000034752
02/05/04-80096-010 55.00**

TITLE
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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 60B, Florida Statutes.

SIGNATURE: James H. Matson James H. MATSON 2-1-04

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

Date

Daytime Phone #

941-383-4982