

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000016675

1. Entity Name
MATTHEW REALTY, 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

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754059

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
NAME
EULER, EARNEST C
STREET ADDRESS
7331 OFFICE PARK PLACE, SUITE 200
CITY-ST-ZIP
VIERA, FL 32940

TITLE
MGRM
NAME
RENFRO, ROBERT M
STREET ADDRESS
7331 OFFICE PARK PLACE, SUITE 200
CITY-ST-ZIP
VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000445700
03/07/06-80044-025 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #