


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 034 ****50.00

DOCUMENT # L02000011821 1. Entity Name PHILIP F. MATTHEWS, LLC	
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Principal Place of Business 213 LIND AVE. KISSIMMEE, FL 34744	Mailing Address 213 LIND AVE. KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0444625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATTHEWS, PHILIP F 213 LIND AVE. KISSIMMEE, FL 34744
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, PHILIP 213 LIND AVE KISSIMMEE, FL 34744
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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: *Philip F. Matthews* **Philip F. Matthews** 3.5.07 4074608877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #