

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016724

FILED
Feb 04, 2005
Secretary of State

Entity Name: ST. MATTHEW'S CAYMAN INTERNATIONAL, LTD. CO.

Current Principal Place of Business:

1005 W COLLEGE BLVD
SUITE B
NICEVILLE, FL 32578 US

New Principal Place of Business:

1005 W COLLEGE BLVD
SUITE A
NICEVILLE, FL 32578 US

Current Mailing Address:

1005 W COLLEGE BLVD
SUITE B
NICEVILLE, FL 32578 US

New Mailing Address:

1005 W COLLEGE BLVD
SUITE A
NICEVILLE, FL 32578 US

FEI Number: 30-0092869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, DARLENE K
239 WAVA AVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HARRIS, MICHAEL A
Address: 1005 W COLLEGE BLVD SUITE A
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: SWARTZENDRUBER, GALEN P
Address: 1005 W COLLEGE BLVD SUITE B
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SWARTZENDRUBER, GALEN P
Address: 1005 W COLLEGE BLVD SUITE A
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL A HARRIS

MGRM

02/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date