


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000019126 1. Entity Name MATHIE INVESTMENTS, LLC	
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Principal Place of Business 5905 18TH STREET ELLENTON, FL 34222	Mailing Address 5905 18TH STREET ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 48-1268950	Applied For, <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPONSELLER, MATHIE
5905 18TH STREET
ELLENTON, FL 34222**

**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 reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPONSELLER, CLAYTON 5905 18TH STREET ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPONSELLER, MARY 5905 18TH STREET ELLENTON, FL 34222
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05/16/07-80041-015 50.00

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:  **CLAYTON SPONSELLER** **4 25 07 (94) 224-8748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #