

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L02000030067

1. Entity Name
MATOAKA INVESTMENTS, L.L.C.



Principal Place of Business
46 NORTH WASHINGTON BLVD., STE. 1
SARASOTA, FL 34236

Mailing Address
46 NORTH WASHINGTON BLVD., STE. 1
SARASOTA, FL 34236



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0079675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC
46 NORTH WASHINGTON BLVD., STE. 1
SARASOTA, FL 34236

**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
PATTERSON, JOHN
46 N. WASHINGTON BLVD. #1
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHMIDT, GARY
1652 CARIBBEAN DRIVE
SARASOTA, FL 34231

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

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 #

941-365-0550
2/24/07
Mangy Mubet