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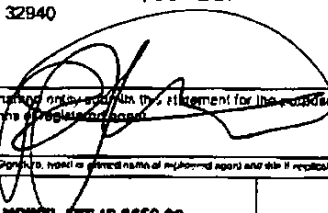
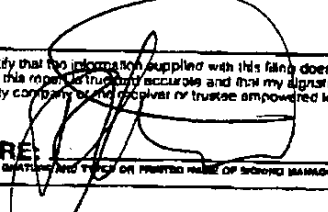
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MATTHEW DEV

P. 1  
PAGE 01/01**2004 LIMITED LIABILITY COMPANY  
REINSTATEMENT****FILED**

2005 JAN -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                         |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000008249</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                        |                                                                              |
| 1. Entity Name<br><b>MATTHEW RESIDENTIAL, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>7331 OFFICE PARK PLACE, SUITE 200<br/>VIERA, FL 32940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Mailing Address<br><b>7331 OFFICE PARK PLACE, SUITE 200<br/>VIERA, FL 32940</b>                                                         |                                                                              |
| 2. Principal Place of Business<br><u>Same as above</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 3. Mailing Address<br><u>Same as above</u>                                                                                              |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | City & State                                                                                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                         | Zip                                                                                                                                     | Country                                                                      |
| 4. FEI Number<br><b>87-0688634</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Application For<br>Not Applicable                                                                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 5.00 Additional Fee Required                                                                                                            |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>STAFFORD, RONALD E<br/>7331 OFFICE PARK PLACE, SUITE 200<br/>VIERA, FL 32940</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br>City: <b>FL</b> Zip Code: |                                                                              |
| 8. The above named entity certifies 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 the registered agent.                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                         |                                                                              |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Ronald E. Stafford 12/28/04<br>DATE                                                                                                     |                                                                              |
| FILE NOW! FEE IS \$150.00<br>After January 1, 2005, Fee will be \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Make check payable to<br>Florida Department of State                                                                                    |                                                                              |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 10. ADDITIONS / CHANGES                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authorized representative or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                 | 700043900207<br>01/04/05--01012--002 *\$150.00                                                                                          |                                                                              |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Ronald E. Stafford 12/28/04<br>DATE                                                                                                     |                                                                              |