

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90318 001 \*\*\*150.00

**DOCUMENT # L03000008249**

1. Entity Name  
**MATTHEW RESIDENTIAL, LLC**



Principal Place of Business  
**7331 OFFICE PARK PLACE, SUITE 200  
VIERA, FL 32940**

Mailing Address  
**7331 OFFICE PARK PLACE, SUITE 200  
VIERA, FL 32940**

30001510



**DO NOT WRITE IN THIS SPACE**

02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**87-0688634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STAFFORD, RONALD E  
7331 OFFICE PARK PLACE, SUITE 200  
VIERA, FL 32940**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
EULER, ERNEST C  
7331 OFFICE PARK PLACE, SUITE 200  
VIERA, FL 32940**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RENFRO, ROBERT M  
7331 OFFICE PARK PLACE, SUITE 200  
VIERA, FL 32940**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
STAFFORD, RONALD  
7531 OFFICE PARK PLACE, STE 200  
VIERA, FL 32940**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

2/16/06

321-254-2400