

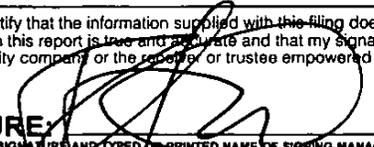
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90142 001 ***150.00

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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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01232007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 87-0688634		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAFFORD, RONALD E 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EULER, ERNEST C	NAME	
STREET ADDRESS	7331 OFFICE PARK PLACE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFRO, ROBERT M	NAME	
STREET ADDRESS	7331 OFFICE PARK PLACE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, RONALD	NAME	
STREET ADDRESS	7531 OFFICE PARK PLACE, STE 200	STREET ADDRESS	7331 office Park Pl. Suite 200
CITY-ST-ZIP	VIERA, FL 32940	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 1/25/07 321-777-9974	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	