

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90335 049 ***138.75

60013452



01312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 87-0688634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

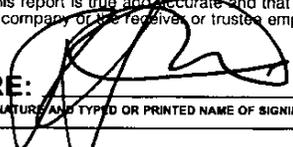
**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

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 7331 OFFICE PARK PL STE 200 VIERA, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **RONALD STAFFORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **2/21/08** Daytime Phone #: **321-777-9974**