

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000012863

1. Entity Name
CANAVERAL PARTNERS, 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
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02022006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 19-1880265	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**EULER, ERNEST C
 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 _____ DATE _____
Signature, typed or printed name of registered agent and file #, applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2008

1100001467456
 03/23/06-80047-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEW HOLDINGS, III, LLC 7331 OPPLER PK., #200 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REAL SUB, LLC 3360 ARGON RD. LAKELAND, FL 33811
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 # _____