

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90037 044 \*\*\*\*50.00

DOCUMENT # L03000015774



1. Entity Name  
 MARY LYNN MATTHEWS, LLC

Principal Place of Business: 6033 SHEPS ISLAND ROAD, SARASOTA, FL 34241 US  
 Mailing Address: 6033 SHEPS ISLAND ROAD, SARASOTA, FL 34241 US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State



04012004 Chg-LLC CR2E083 (10/03)

Zip Country Zip Country

4. FEI Number: 165-0978555  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name: MARY LYNN MATTHEWS  
 Street Address (P.O. Box Number is Not Acceptable): 6033 SHEPS ISLAND ROAD  
 City: SARASOTA FL Zip Code: 34241

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: *Mary Lynn Matthews* MARY LYNN MATTHEWS 4/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE

Filing Fee is \$50.00  
 Due by May 1, 2004

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: MATTHEWS, MARY LYNN STREET ADDRESS: 6033 SHEPS ISLAND ROAD CITY-ST-ZIP: SARASOTA, FL 34241	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *Mary Lynn Matthews* MARY LYNN MATTHEWS 4/22/04 941/922-3171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #