


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015774

1. Entity Name
MARY LYNN MATTHEWS, LLC



Principal Place of Business Mailing Address

6033 SHEPS ISLAND ROAD **6033 SHEPS ISLAND ROAD**
SARASOTA, FL 34241 US **SARASOTA, FL 34241 US**

DO NOT WRITE IN THIS SPACE



02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0978555	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

MATTHEWS, MARY L
6033 SHEPS ISLAND ROAD
SARASOTA, FL 34241

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000648412
 03/07/07-80008-014 50.00

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MARY LYNN 6033 SHEPS ISLAND ROAD SARASOTA, FL 34241
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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: Mary Lynn Matthews 2/22/07 941/922-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #