

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017559

1. Entity Name

MATTHEW HOLDINGS, L.L.C.



Principal Place of Business

**7331 OFFICE PARK PLACE, STE. 200
VIERA, FL 32940**

Mailing Address

**7331 OFFICE PARK PLACE, STE. 200
VIERA, FL 32940**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2366391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RENFRO, ROBERT M
7331 OFFICE PK PL
200
MELBOURNE, 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000499635
04/24/06-80039-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RENFRO, ROBERT M
7331 OFFICE PK PL # 200
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EULER, ERNEST C
7331 OFFICE PK PL # 200
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

ERNEST EULER

4-5-06 321-254-2400

Date

Daytime Phone #