2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # L03000017559 07 FEB 12 PM 3: 05 MATTHEW HOLDINGS, L.L.C. TALLAHASSFE, FLORIDA Principal Place of Business Mailing Address 7331 OFFICE PARK PLACE, STE. 200 7331 OFFICE PARK PLACE, STE. 200 VIERA, FL 32940 VIERA, FL 32940 01232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2366391 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RENFRO, ROBERT M DO NOT WRITE 7331 OFFICE PK PL # 200 IN THIS SPACE MELBOURNE, FL 32940 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 000088464790 02/16/07--01005--013 **200.00 9. MANAGING MEMBERS/MANAGERS TITLE MGR RENFRO, ROBERT M NAME 7331 OFFICE PK PL # 200 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 MGR TITLE EULER, ERNEST C NAME STREET ADDRESS 7331 OFFICE PK PL # 200 CITY-ST-ZIP MELBOURNE, FL 32940 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: STANK OF BEINTED WAVE OF STOWING MANAGING WEN

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #