

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90031 048 \*\*\*\*50.00

<b>DOCUMENT # L03000020643</b>					
<b>1. Entity Name</b> MATCRO LAND, LLC					
<b>Principal Place of Business</b> 228 HIBISCUS ST. #3 JUPITER, FL 33458			<b>Mailing Address</b> 228 HIBISCUS ST. #3 JUPITER, FL 33458		
<b>2. Principal Place of Business</b> 143 Juno Street		<b>3. Mailing Address</b> 143 Juno Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004    Chg-LLC    CR2E083 (10/03)	
City & State Jupiter, Florida		City & State Jupiter, Florida		<b>4. FEI Number</b> 90-0088738	
Zip 33458		Country USA		Applied For Not Applicable	
Zip 33458		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CRONIN, JOHN W 143 JUNO STREET JUPITER, FL 33458			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> CRONIN, JOHN <b>STREET ADDRESS</b> 228 HIBISCUS ST. #3 <b>CITY-ST-ZIP</b> JUPITER, FL 33458	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> John Cronin <b>STREET ADDRESS</b> 143 Juno Street <b>CITY-ST-ZIP</b> Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> MATTIS, ROBERT <b>STREET ADDRESS</b> 228 HIBISCUS ST. #3 <b>CITY-ST-ZIP</b> JUPITER, FL 33458	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Robert mattis <b>STREET ADDRESS</b> 143 Juno Street <b>CITY-ST-ZIP</b> Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>John W. Cronin</u> <b>John W. Cronin</b> 4-1-04    561-747-7148					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					