

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90318 001 \*\*\*150.00

**DOCUMENT # L03000035673**

1. Entity Name  
MATTHEW HOLDINGS, III, 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

30001512



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number  
42-1604984

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 PARK PLACE, STE. 200  
VIERA, FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME RANTRO, ROBERT N  
STREET ADDRESS 7331 OFFICE PARK PLAZA #200  
CITY-ST-ZIP VIERA, FL 32940

TITLE ☐ Change ☐ Addition  
NAME RENfro, ROBERT M  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME EULER, ERNEST C  
STREET ADDRESS 7331 OFFICE PARK PLAZA #200  
CITY-ST-ZIP VIERA, FL 32940

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME STAFFORD, RONALD E  
STREET ADDRESS 7331 OFFICE PARK PLAZA #200  
CITY-ST-ZIP VIERA, FL 32940

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/24/06 254-240