2004 LIMITED LIABILITY COMPANY

Aug 31, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000050322** 08-31-2004 90031 031 ****50.00 1. Entity Name LEWIS MATHEWS, LLC Principal Place of Business Mailing Address 24082620 PO BOX 636 PO BOX 636 DAVENPORT, FL 33836 DAVENPORT, FL 33836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08242004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 51-0H900 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATHEWS, LEWIS Street Address (P.O. Box Number is Not Acceptable) 17 E. MAGNOLIA ST DAVENPORT, FL 33837 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Delete TITLE ☐ Change ☐ Addition TITLE MATHEWS, LEWIS NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 636 DAVENPORT, FL 33836 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F П Спалое ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Addition Delete TITLE TITLE

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 cath; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

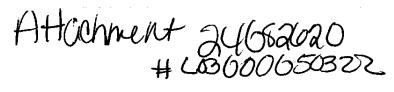
CITY-ST-ZIP

SIGNATURE

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

FILED





G.T. Nunez & Associates, P.A.

Certified Public Accountants

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

Lewis Mathews, LLC

51-0490029

2004 Limited Liability Company Annual Report

-Gentlemen:

On behalf of the above taxpayer we are filing the 2004 Limited Liability Company Annual Report. This was not filed in a timely manner due to the fact that Mr. Mathews lost his eye sight and was not able to read the reminder card that was sent to him. If confirmation of Mr. Mathew's eye sight is required please let us know and we would be happy to provide you with same.

G.T. Nunez & Associates