20%6 LIMITED LIABILITY COMPANY

FILED Feb 28, 2006 08:00 AM

ANNUAL REPORT			Secretary of State
DOCUMENT # L0400000818			sceretary or state
1. Entity Nam			
INVOITI	MATTHEWS, LEC		
Principal Place	e of Business Mailing Address		
4307 15TH \ PALMETTO, R			
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DO NOT WRITE IN THIS SPACE			02272006 No Chg-LLC
			4. FEI Number Applied For Not Applied For Not Applied For
			5. Certificate of Status Desired 55.00 Additionat
	6. Name and Address of Current Registered Agent	{	Fee Required
MATTHEWS, TIMOTHY 4307 15TH WAY WEST			DO NOT WRITE
PALMETTO, FL 34221		· {	IN THIS SPACE
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 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. 			
າກອ ນັບກາຢູ່ຂາເປົ້າຮ ປະການສຸດສາວ ຂໍ້ສູ້ອາກ.			
SIGNATURE Signature, typed or pointed name of registrated agent and title if applicable (NOTE: Registered Agent alignature required when relinations) OATE			
Filing Fee is \$50.00 03/11/06-80023-018 50.00 03/11/06-80023-018 50.00			
9.	MANAGING MEMBERS/MANAGERS	1	
TITLE	MGR	_	
NAME STREET ADDRESS	MATTHEWS, TIMOTHY 4307 15TH WAY WEST	1	
CITY-ST-ZIP	PALMETTO, FL 34221	1	
TITLE		-1	
NAME			
STREET ADDRESS CITY-ST-ZIP		1	
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NAME			
STREET ADDRESS CITY-ST-ZYP			DO NOT WRITE
TITLE		_1	IN THIS SPACE
NAME			IN THIS SPACE
STREET ADDRESS City-St-Zip		1	
TIPLE		⊣ j	
NAME		1	
STREET ADDRESS		1	

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyeded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

2-27-06 (94) 812-4275