


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000011750		
1. Entity Name MATTHEW LYLE WYNNE, LLC		
Principal Place of Business 8000 S US ONE, STE 402 PORT ST LUCIE, FL 34952	Mailing Address 8000 S US ONE, STE 402 PORT ST LUCIE, FL 34952	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FEE, FRANK H IIESQ 401 S INDIAN RIVER DR PORT ST LUCIE, FL 34950		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNNE, MATTHEW L 8000 S US ONE, STE 402 PORT ST LUCIE, FL 34952	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/26/06 (772) 878-5513 <small>Daytime Phone #</small>



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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02/16/06-80047-004 50.00