


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000018476 1. Entity Name JIM MATTHEWS, LLC	
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Principal Place of Business 2465 NORTHSIDE DRIVE #1608 CLEARWATER, FL 33761 US	Mailing Address 2465 NORTHSIDE DRIVE #1608 CLEARWATER, FL 33761 US
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01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0852870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATTHEWS, JAMES A 2465 NORTHSIDE DRIVE #1608 CLEARWATER, FL 33761
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**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATTHEWS, JAMES A 2465 NORTHSIDE DRIVE #1608 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PLUMB, SAMUEL W 404 FEDERAL ST OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COUCH, SAMUEL C JR 5233 72ND STREET N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/08-80003-023 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date **1/16/08**

Daytime Phone # _____