# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Mar 21, 2005 8:00 am**
**Secretary of State**
02-28-2005 90056 001 ***150.00

DOCUMENT # L04000025739

1. Entity Name

MATTHEW HOLDINGS, IV, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7331 OFFICE PARK PLACE, SUITE 200<br>VIERA FL 32940 | 7331 OFFICE PARK PLACE, SUITE 200<br>VIERA FL 32940 |

1st MOORE CR2E083 (10/04)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 20-1224409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DETTMER, DALE A<br>304 SOUTH HARBOR CITY BOULEVARD, SUITE 201<br>MELBOURNE FL 32901 | Name Robert M RenFro<br>Street Address (P.O. Box Number is Not Acceptable) 7331 Office Park Place #200<br>City Viera FL Zip Code 32940 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2005**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE MGRM<br>NAME RenFro, M, Robert<br>STREET ADDRESS 7331 Office Park Place #200<br>CITY-ST-ZIP Viera, FL 32940 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE MGRM<br>NAME Stafford, E, Ronald<br>STREET ADDRESS 7331 Office Park Place #200<br>CITY-ST-ZIP Viera, FL 32940 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE MGRM<br>NAME Euler, E, Ernest<br>STREET ADDRESS 7331 Office Park Place #200<br>CITY-ST-ZIP Viera, FL 32940 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 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** _____ Ernest C Euler 321-254-2902
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #