


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000041303</b> 1. Entity Name <b>MAT CAD DESIGNS, LIMITED COMPANY</b>	
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Principal Place of Business <b>605 S W 4TH AVENUE DANIA, FL 33004</b>	Mailing Address <b>605 S W 4TH AVENUE DANIA, FL 33004</b>
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05082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>56-2467483</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TALOTTA, MICHAEL A 605 S W 4TH AVENUE DANIA, FL 33004</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TALOTTA, MICHAEL A 605 S W 4TH AVENUE DANIA, FL 33004</b>
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<b>U00000763612 05/30/07-80017-014 50.00</b>
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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:** 

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

**5/1/07**

Date

**954-921-8966**

Daytime Phone #