



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90075 009 ****50.00

DOCUMENT # L04000055512					
1. Entity Name MATPENCO, LLC					
Principal Place of Business 495 DIANA BLVD. MERRITT ISLAND, FL 32953			Mailing Address 495 DIANA BLVD. MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box # <i>705 Chase Hammock Rd</i>		3. Mailing Address <i>705 Chase Hammock Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07302007 Chg-LLC CR2E083 (12/06)	
City & State <i>Merritt Island FL</i>		City & State <i>Merritt Island, FL</i>		4. FEI Number 20-1500692	
Zip <i>32953</i>		Country <i>BREVARD</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOILEAU, JOHN L 3490 NORHT US HIGHWAY 1 COCOA, FL 32926		7. Name and Address of New Registered Agent Name <i>CAROLINE ROWE</i> Street Address (P.O. Box Number is Not Acceptable) <i>705 Chase Hammock Road</i> City <i>Merritt Island</i> FL Zip Code <i>32953</i>			
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 <i>CAROLINE ROWE</i>		<i>Caroline Rowe</i> <i>July 30, 2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COLOMBO, LOUIS C 495 DIANA BLVD. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES</i> <i>Colombo, Louis C.</i> <i>705 Chase Hammock Rd</i> <i>Merritt Island, FL 32953</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWE, NORMAN E 705 CHASE HAMMOCK ROAD MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Norman E. Rowe</i>			<i>August 15, 2007</i> <i>407-467-0788</i> <small>(Date) Daytime Phone #</small>		