

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065306

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: MATRIX INVESTMENT, LLC

**Current Principal Place of Business:**

PO BOX 471476  
LAKE MONROE, FL 32747

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 471476  
LAKE MONROE, FL 32747

**New Mailing Address:**

FEI Number: 05-0608323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANEKIA, ALIRAZA  
4989 SHORELINE CIR  
SANFORD, FL 32771      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MANEKIA, ALIRAZA A  
Address: 4989 SHORELINE CIR  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: MANEKIA, SIBTAIN A  
Address: 628 SAMANTHA LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR      ( ) Delete  
Name: MANEKIA, SHABBIR A  
Address: 112 CALABRIA SPRINGS COVE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALIRAZA MANEKIA

MM

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date