

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065315

FILED
Jul 17, 2005
Secretary of State

Entity Name: MATRY LLC

Current Principal Place of Business:

1620 CARILLON PARK DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1620 CARILLON PARK DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-1857580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SKROCKI, DAVID A
1620 CARILLON PARK DRIVE
OVIEDO, FL 32765 US

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: MGRM () Delete
Name: SKROCKI, DAVID A
Address: 1620 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: FLEMING, RANDAL E
Address: 800 SOUTH BANNA RIVE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: VERMALES, PEDRO E
Address: 2889 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32765

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 Section 119.07(3)(i), 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: DAVID SKROCKI

MGRM

07/17/2005

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