


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-17-2008 90056 034 ***138.75

DOCUMENT # L04000074564 1. Entity Name MATTHEW NICOLE, LLC	
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Principal Place of Business 2245 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 US	Mailing Address 2245 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 US
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01082008 No Chg-LLC

CR2E083 (12/07)

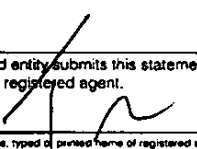
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1755503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STEINER, MARCY 2245 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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**DO NOT WRITE
IN THIS SPACE**

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  **2/29/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER, MARCY 2245 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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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 Date Daytime Phone #