


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 005 ****50.00

DOCUMENT # L04000088195					
1. Entity Name MATTHEWS CUSTOM INTERIORS LLC					
Principal Place of Business 2525 LAKE DRIVE #414 SINGER ISLAND, FL 33404 US			Mailing Address 2525 LAKE DRIVE #414 SINGER ISLAND, FL 33404 US		
2. Principal Place of Business <i>N/A</i>		3. Mailing Address <i>N/A</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEJ Number 06-1486067	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name: <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, PAUL G 2525 LAKE DRIVE, #414 SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MARYELLEN L 2525 LAKE DRIVE, #414 SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MARYELLEN L 2525 LAKE DRIVE, #414 SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, MARYELLEN L 2525 LAKE DRIVE, #414 SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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>Paul Matthews</i> PAUL MATTHEWS 7/29/05 561-863-5615					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					