2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L05000039676

Entity Name: MATNEY (801 NORTH), LLC

Current Principal Place of Business:

300 S. ORANGE AVE., SUITE 900
ORLANDO, FL 32801

New Principal Place of Business:

189 S ORANGE AVE STE 1700
ORLANDO, FL 32801

Current Mailing Address:

300 S. ORANGE AVE., SUITE 900
ORLANDO, FL 32801

New Mailing Address:

189 S ORANGE AVE STE 1700
ORLANDO, FL 32801

FEI Number: 41-2078366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODGERS, RICHARD A
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: P ( ) Delete
Name: BAKER, TIMOTHY R
Address: 300 S ORANGE AVE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: VP,S ( ) Delete
Name: BARRIOS, CARLOS
Address: 300 S ORANGE AVE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BAKER, TIMOTHY R
Address: 189 S ORANGE AVE STE 1700
City-St-Zip: ORLANDO, FL 32801

Title: VP,S (X) Change ( ) Addition
Name: BARRIOS, CARLOS
Address: 189 S ORANGE AVE STE 1700
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify 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: TIM BAKER P 03/31/2008

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