

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-03-2006 90005 016 ****50.00

30003346



02242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000080787 1. Entity Name CORNELIUS / MATOS LLC					
Principal Place of Business 5050 SE FEDERAL HIGHWAY STUART, FL 34997			Mailing Address 5050 SE FEDERAL HIGHWAY STUART, FL 34997		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3324734	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORNELIUS, DAVID 5050 SE FEDERAL HIGHWAY STUART, FL 34997			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORNELIUS, DAVID 5050 SE FEDERAL HIGHWAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATOS, MACK 5050 SE FEDERAL HIGHWAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATOS, CHRISTINE 5050 SE FEDERAL HIGHWAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Christine Matos</i>			2-21-06 772-223-8979		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

30003346

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

CORNELIUS / MATOS LLC
5050 SE FEDERAL HIGHWAY
STUART, FL 34997

Subject: CORNELIUS / MATOS LLC

Reference Number: L05000080787

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION

(IRS USE ONLY) 575B

08-31-2005 CORN B 0134606661 SS-4

ATTACHMENT

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#L05000080787

11/2/05

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Keep this part for your records.

CP 575 B (Rev. 1-2005)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

0134606661

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 08-31-2005
EMPLOYER IDENTIFICATION NUMBER: 20-3324734
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003
|||||

CORNELIUS-MATOS LLC
CORNELIUS DAVID MBR
5050 SE FEDERAL HWY
STUART FL 34997