


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000080787 1. Entity Name CORNELIUS / MATOS LLC	
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Principal Place of Business 5050 SE FEDERAL HIGHWAY STUART, FL 34997	Mailing Address 5050 SE FEDERAL HIGHWAY STUART, FL 34997
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01292007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3324734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent CORNELIUS, DAVID 5050 SE FEDERAL HIGHWAY STUART, FL 34997	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNELIUS, DAVID 5050 SE FEDERAL HIGHWAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATOS, MACK 5050 SE FEDERAL HIGHWAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATOS, CHRISTINE 5050 SE FEDERAL HIGHWAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/07-80043-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Christine Matos Christine Matos 1/30/07 772-223-8975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #