



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90311 035 ****50.00

DOCUMENT # L06000006415 1. Entity Name MATTANIAH ACCESS I, LLC					
Principal Place of Business 11505 EAST BROADWAY AVE. MANGO, FL 33550			Mailing Address 11505 EAST BROADWAY AVE. MANGO, FL 33550		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 428 Suite, Apt. #, etc.			
City & State City: Mango, FL		4. FEI Number 20-8627738		Applied For <input type="checkbox"/> Not Applicable	
Zip 33550	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CARVER, CHARLES H ESQ. 101 E.KENNEDY BLVD., STE. 4100 TAMPA, FL 33602			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 September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAEB, STEPHEN L 11505 EAST BROADWAY AVE. MANGO, FLORIDA 33550 <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 JAEB, SANDRA D 11505 EAST BROADWAY AVE. MANGO, FLORIDA 33550 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5/2/2007 813-681-5796 <small>Date Daytime Phone #</small>		