2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 30, 2008 08:00 AM DOCUMENT # L06000015557 **Secretary of State** SHIRLEY I, MATTHEWS, LLC Principal Place of Business Mailing Address 213 LIND AVE 213 LIND AVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 01282008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4787053 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTHEWS, SHIRLEY DO NOT WRITE 213 LIND AVE KISSIMMEE, FL 34744 IN THIS SPACE 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 reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MATTHEWS, SHIRLEY NAME STREET ADDRESS 213 LIND AVE CITY-ST-ZIP KISSIMMEE, FL 34744 000000804772 02/05/08-80082-010 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 frue 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-28-08

(407) 4608877

Daytime Phone #

FILED