2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097389

Entity Name: MATTREX LLC

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

655 HAMPTON DOWNS CT 13042 HIGHLAND GLEN WAY S JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

655 HAMPTON DOWNS CT 13042 HIGHLAND GLEN WAY S JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32224

FEI Number: 20-5659766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CANTRELL, JAMES S

655 HAMPTON DOWNS CT

JACKSONVILLE, FL 32259 US

SLATTERY, TIMOTHY S

13042 HIGHLAND GLEN WAY S

JACKSONVILLE, FL 32224 US

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: TIMOTHY S SLATTERY 01/30/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Name: SLATTERY, TIM S Name: SLATTERY, TIMOTHY S
Address: 13042 HIGHLAND GLEN WAY SOUTH Address: 13042 HIGHLAND GLEN WAY SOUTH

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete Title: () Change () Addition

 Name:
 REGISTER, KEVIN W
 Name:

 Address:
 13036 HIGHLAND GLEN WAY SOUTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CANTRELL, JAMES S
 Name:

 Address:
 655 HAMPTON DOWNS CT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY S SLATTERY MGRM 01/30/2007