


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000048 1. Entity Name MATHEWS INDUSTRIAL PARK, L.C.	
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Principal Place of Business 1202 CARR ST. PALATKA, FL 32177	Mailing Address 1202 CARR ST. PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC

CR2E083(10/03)

4. FEI Number 59-3221716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MATHEWS, RANDALL S 1202 CARR ST. PALATKA, FL 32177	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.

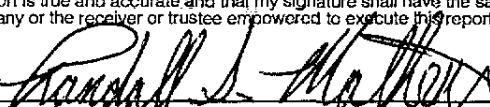
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, ROGER W 1202 CARR ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, JOETTA H 1202 CARR ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, RANDALL S 1202 CARR ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____