


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 FEB 14 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY • ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L94000000625</b>
MATHEWS-FOSTER, L.C. % WILLIAM SCOTT FOSTER 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH FL 32547	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>	

1a. Principal Place of Business Address
% WILLIAM SCOTT FOSTER 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH FL 32547

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/16/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3289690	
5. Date of Last Report	6. Certificate of Status Desired
02/08/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent	
FOSTER, WILLIAM S 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH FL 32547	

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FOSTER, WILLIAM S	909 MAR WALT DR., STE. 101	FT. WALTON BEACH FL
MGRM	MATHEWS, LYNNE F	909 MAR WALT DR., STE. 101	FT. WALTON BEACH FL

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\*\*\*\*203.75 \*\*\*\*203.75

2/1/97 904-863-4064

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER