


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 12 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000625 MATHEWS-FOSTER, L.C. % WILLIAM SCOTT FOSTER 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH FL 32547		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 Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 11/16/1994 4. FEI Number 59-3289690 5. Date of Last Report 03/06/1998	
3a. State of Formation FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002814335 Suite, Apt. #, etc. 03/22/99-01148-003 ****188.75 ****188.75 City 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not on file)</small>			DATE _____		
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	
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: _____ 2/16/99 (850) 863-4064 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					