2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# L94000000625

Entity Name: MATHEWS-FOSTER, L.C.

Current Principal Place of Business:

% WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

% WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3289690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILIAM S
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

FOSTER, WILLIAM S
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547 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: WILLIAM S. FOSTER 02/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOSTER, WILLIAM S
Address: 909 MAR WALT DR., STE. 1014
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM ( ) Delete
Name: MATHEWS, LYNNE F
Address: 909 MAR WALT DR., STE. 1014
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: WILLIAM S FOSTER MGRM 02/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date