

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L94000000625

Entity Name: MATHEWS-FOSTER, L.C.

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**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, WILLIAM S  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: FOSTER MATHEWS, LYNNE  
Address: 909 MAR WALT DR., STE. 1014  
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby 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

MGR

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date