


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # L97000000248 1. Entity Name MATHEWS WINTER HAVEN INVESTMENTS, L.C.	
---	---

Principal Place of Business 3843 W LAKE HAMILTON DR WINTER HAVEN, FL 33881-8223	Mailing Address P.O. BOX 438 HAINES CITY, FL 33845-0438
---	---

DO NOT WRITE IN THIS SPACE



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3500715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATTHEWS, EDWARD D TRUSTEE GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HAINES CITY, FL 33844
--

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000134961
04/28/04-80040-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEW, EDWARD D TRUSTEE 30 CLUB CT HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, CHARLES A TRUSTEE 30 CLUB CT HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(i), 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: Edward D. Mathews, EDWARD D. MATHEWS, 4/23/04 (863) 294-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #