

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000248

FILED
Feb 03, 2006
Secretary of State

Entity Name: MATHEWS WINTER HAVEN INVESTMENTS, L.C.

Current Principal Place of Business:

3843 W LAKE HAMILTON DR
WINTER HAVEN, FL 338818223

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 438
HAINES CITY, FL 338450438

New Mailing Address:

FEI Number: 59-3500715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, EDWARD D TRUSTEE
GRANTOR RETAINED ANNUITY TRUST
30 CLUB CT
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MATHEWS, EDWARD D TRUSTEE
GRANTOR RETAINED ANNUITY TRUST
30 CLUB CT
HAINES CITY, FL 33844 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: EDWARD D. MATHEWS

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATHEW, EDWARD D TRUSTEE
Address: 30 CLUB CT
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: MATHEWS, CHARLES A TRUSTEE
Address: 30 CLUB CT
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATHEWS, EDWARD D TRUSTEE
Address: 30 CLUB CT
City-St-Zip: HAINES CITY, FL 33844

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: EDWARD D. MATHEWS

MGRM

02/03/2006

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