


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 20 AM 11:45

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L97000000249
<b>MATHEWS HAINES CITY INVESTMENTS, L.C.</b> <b>30 CLUB CT</b> <b>HAINES CITY FL 33844</b>	

1a. Principal Place of Business Address
<b>30 CLUB CT</b> <b>HAINES CITY FL 33844</b>

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
		02/24/1997	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-3500711	
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
		04/13/1998	\$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
<b>MATHEWS, EDWARD D</b> <b>30 CLUB CT</b> <b>HAINES CITY FL 33844</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc
	City
	Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(By Registered Agent Accepting Appointment) (By New Registered Agent Signature is required when used for first time)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MATHEWS, EDWARD D	30 CLUB CT	HAINES CITY FL
MGRM	MATHEWS, CHARLES A	30 CLUB CT	HAINES CITY 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:** *Edward D. Mathews* **EDWARD D. MATHEWS** 4/15/99(941)294-9336

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\*\*\*943.75 \*\*\*188.75