2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000249

1. Entity Name
MATHEWS HAINES CITY INVESTMENTS, L.C.



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

Principal Place of Business

Mailing Address

3843 W. LAKE HAMILTON DR WINTER HAVEN, FL 33881-8223 P.O. BOX 438 HAINES CITY, FL 33845-0438



DO NOT WRITE IN THIS SPACE

04152004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3500711

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MATHEWS, 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.

Signature, typod or printed name of registered agent and title if applicable.

(NOTE: Registered Agent aignature required when reinstating)

DATE

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

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, 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	
11. I hereby certify that the information symplied with this filling does not qualify for the even	

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11. I hereby certify that the information supplied with this filling 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: ELLEN D. WATHER OR SHOWN MANAGER WINNER OR AUTHORIZED BEPERSTRATIVE