


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000252 1. Entity Name MATHEWS FLORIDA INVESTMENTS, L.C.	
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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
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04152004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U000000134963
04/28/04-80040-009 50.00

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
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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)(f), 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 #