


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000252</b> 1. Entity Name <b>MATHEWS FLORIDA INVESTMENTS, L.C.</b>	
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Principal Place of Business <b>3843 W LAKE HAMILTON DR WINTER HAVEN, FL 33881-8223</b>	Mailing Address <b>P.O. BOX 438 HAINES CITY, FL 33845-0438</b>
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**DO NOT WRITE IN THIS SPACE**



02082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3500718</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MATHEWS, EDWARD D TRUSTEE GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HAINES CITY, FL 33844</b>
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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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02/21/07-80042-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/8/07 (863) 294-9336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #