


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 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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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent MATHEWS, EDWARD D TRUSTEE GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HAINES CITY, FL 33844

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000892169
04/23/08-80055-010 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 **EDWARD D. MATHEWS** 4/7/08 (863) 294-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #