2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9700000252

1. Entity Name

MATHEWS FLORIDA INVESTMENTS, L.C.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90113 025 ****50.00

MAINTER HAVEN FL 5384 4223 MA											
2. Princing Piece of Business	3843 W LAKE HAMILTON DR		P.O. BOX 438								
Sulfo, Apt. 4, etc. Sulfo, Apt. 4, etc. City & State Country Zip Country Zip Country Zip Country S. Conflictual of Status Desired State Address (P.O. Box Namber is Not Acceptable) State Ad	WINTER HAVEN	N FL 33881-8223	HAINES CITY FL 33845-0438			 	OLI OGO IDLIK LODIL DOITI	MAIRE MAINE A ASSE A A A	 		
City & State Country Cou	2. Principal Place of Business		3. Mailing Address								
The Address of Current Registered Agent Secunity	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Certification of Status Desired Fee Required MATHEWS, EDWARD D TRUSTEE GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HANNES CITY FL 33844 8. The above named entily submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigothers of registered agent, or both, in the State of Florida I am familiar with, and accept the holigothers. The familiar with and accept the familiar with and accep	City & State		City & State			4. FEI Num	1ber 59-3500	718]
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MATHEWS, EDWARD D TRUSTEE GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HAINES CITY FL 33844		6. Name and Address of Current Re	gistered Agent	÷		7: Name ar	nd Address of Ne	w Registered A	gent]
GRANTOR RETAINED ANNUITY TRUST 30 CLUB CT HAINES CITY FL 33844 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	MAT	THEWS, FOWARD D TRUSTEE			Name						
8. The above named entity automits 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 no obligations of registered agent. City FL Zip Code	GRA	INTOR RETAINED ANNUITY TRUST		S	Street Address	(P.O. Box Num	ber is Not Accepta	able)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	HAII	NES CITY FL 33844		_					Zin Cod		}
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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.