2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L9900005345 1. Entity Name							Mar 24, 2005 08:00 AM Secretary of State			
THE MAT	RIX RAN	CH, LLC							v	
Principal Place of Business 32150 CLAYGULLEY RD.				Mailing Address 32150 CLAYGULLEY				-		
MYAKKA C	ITY FL 3425	51		MYAKKA CITY FL 342	251			MANANTE SIN INIIR INIIR ROITE ANIII ANIII	ANN BBABA BANKK MUN BABA	
2. Principal Place of Business			3	3. Mailing Address			1		- PARTY TO THE	
Suite, Apt. #, etc.				Suite, Apt. #, etc			1st MOORE CR	2E083 (10/04)		
City & State				City & State		4. FEI Num	58-2489051		Applied For Not Applicable	
Zip			-	Zip Cour		try	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent						Name	7. Name a	nd Address of New Regist	ered Agent	
KLAUS, SUSAN C 32150 CLAYGULLEY RD. MYAKKA CITY FL 34251						Street Address (P.O. Box Number is Not Acceptable)				
WITARROA OITTI'L 34231						City	·		□ Zip Co	nda
8. The above named entity submits this statement for the pu							-2-1-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	and in the Caste of Provide		
the obligat	named entity tions of regist	submits this statement ered agent.	or the	e purpose of changing its	registere	ed office of register	red agent, or i	both, if the State of Florica.	i ain ianina wi	n, and accept
SIGNATURE .	Signature, typed	or printed name of registered agr	ent and ti	tte if applicable (NOT	E Registere	Agent signafuré require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
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indicated	Lon this reno	t is true and accurate a	nd thai	s filing does not qualify fo t my signature shall have apowered to execute this	the same	e legal effect as it r	nade under oa	3)(i), Florida Statutes. I furth ath; that I am a managing n la Statutes.	er certify that the nember or mana	information ger of the

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Date Daytime Phone #