

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006935**1. Entity Name
MATRIX INTERNATIONAL INVESTMENTS, LLC.

Principal Place of Business	Mailing Address
211 EAST INTERNATIONAL SPEEDWAY BLVD	211 EAST INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118

2. Principal Place of Business	3. Mailing Address
C/O GARDNER PA	C/O GARDNER PA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2699 LEE ROAD, SUITE 320	2699 LEE ROAD, SUITE 320

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
WINTER PARK FL	WINTER PARK FL	59-3617695	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
32789		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT M GARDNER, PA 209 SOUTH HALIFAX AVENUE DAYTONA BEACH FL 32118 US	Name ROBERT M GARDNER, PA Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD, SUITE 320 City WINTER PARK FL Zip Code 32789

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.

SIGNATURE **ROBERT M. GARDNER** DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMON URSULA 211 E. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANZ LUDWIG 2699 LEE ROAD, SUITE 320 WINTER PARK FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **FRANZ LUDWIG** MGR DATE **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)