



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90364 005 \*\*\*\*50.00

<b>DOCUMENT # M05000000506</b> 1. Entity Name <b>MATTHEW TRANSPORTATION LLC</b>					
Principal Place of Business <b>6213 NORTH 50TH STREET TAMPA, FL 33610</b>			Mailing Address <b>6213 NORTH 50TH STREET TAMPA, FL 33610</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address <b>3122 Sample CT</b>		<b>40112996</b>    04072007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State <b>Tampa Florida</b>			
Zip  		Zip <b>33619</b>			
Country  		Country <b>USA</b>		4. FEI Number <b>73-1718500</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>MATTHEW, WINSTON 9914 LONG BAY DR ORLANDO, FL 32832</b>				7. Name and Address of New Registered Agent Name <b>Winston Matthew</b> Street Address (P.O. Box Number is Not Acceptable) <b>3122 Sample CT</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33619</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATTHEW, WINSTON 9914 LONG BAY DR ORLANDO, FL 32832	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Winston Matthew 3122 Sample CT Tampa FL 33619	<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
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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 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.					
<b>SIGNATURE:</b> <u>Winston Winston</u> <b>4/25/07</b> <b>321-949-73</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					