

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004438

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** MATHIS & DAUGHTER FAMILY MANAGEMENT CO., LLC

**Current Principal Place of Business:**

4399 COMMONS DR., E., STE. 300  
DESTIN, FL 32541

**New Principal Place of Business:**

4399 COMMONS DR E STE 300  
DESTIN, FL 32541

**Current Mailing Address:**

4399 COMMONS DR., E., STE. 300  
DESTIN, FL 32541

**New Mailing Address:**

C/O STEVEN T WELCH  
4399 COMMONS DR E STE 300  
DESTIN, FL 32541

FEI Number: 20-2926512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELCH, STEVEN T  
4399 COMMONS DR., E., STE. 300  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

WELCH, STEVEN T  
4399 COMMONS DR E STE 300  
DESTIN, FL 32541 US

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: STEVEN T WELCH

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VICENTICA ARTIME MAT, HIS  
Address: P.O. BOX 611072  
City-St-Zip: ROSEMARY BEACH, FL 32461

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VICENTICA ARTIME MAT, HIS  
Address: PO BOX 611072  
City-St-Zip: ROSEMARY BEACH, FL 32461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN T WELCH

AGT

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date