


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 017 ****50.00

DOCUMENT # L04000003695	
1. Entity Name B&J CUSTOM DESIGN LLC	

Principal Place of Business 431 COLUMBUS AVE. ORANGE CITY, FL 32763	Mailing Address 431 COLUMBUS AVE. ORANGE CITY, FL 32763
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2. Principal Place of Business 431 COLUMBUS AVE Suite, Apt. #, etc.	3. Mailing Address 431 COLUMBUS AVE Suite, Apt. #, etc.
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City & State ORANGE CITY FL	City & State ORANGE CITY FL
Zip 32763	Zip 32763
Country U.S.	Country U.S.



03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 320104197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, WILLIAM E 431 COLUMBUS AVE. ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 WILLIAM HALL OWNER DATE 04-27-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, WILLIAM E 431 COLUMBUS AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		