

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90189 009 \*\*\*\*50.00

<b>DOCUMENT # L02000033901</b>					
<b>1. Entity Name</b> CUSTOMSOFTWAREFL.COM LLC					
<b>Principal Place of Business</b> 6060 MACBETH LN FT MYERS, FL 33908 US			<b>Mailing Address</b> 6060 MACBETH LN FT MYERS, FL 33908 US		
<b>2. Principal Place of Business</b> 15024 BALMORAL LOOP Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15024 BALMORAL LOOP Suite, Apt. #, etc.		<b>24009142</b> 	
<b>City &amp; State</b> FT MYERS FL		<b>City &amp; State</b> FT MYERS FL		<b>4. FEI Number</b> 42-1588243	
<b>Zip</b> 33919		<b>Country</b> LEE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRANTHOOVER, MARY 6060 MACBETH LN FT MYERS, FL 33908			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 15024 BALMORAL LOOP City FT MYERS FL Zip Code 33919		
<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.</b> SIGNATURE <u>MARY BRANTHOOVER, MGR</u> <u>Mary Branthoover</u> <u>Feb 6, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANTHOOVER, MARY 6060 MACBETH LN FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARY BRANTHOOVER 15024 BALMORAL LOOP FT MYERS FL 33919
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Mary Branthoover, MGR</u> <u>Mary Branthoover</u> <u>2/6/04</u> <u>(239) 489-3084</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					