

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007634

Entity Name: CUSTOM GENERATORS, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

2273 LEE ROAD
SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

2277 N FORSYTH ROAD
ORLANDO, FL 32807

Current Mailing Address:

2273 LEE ROAD
SUITE 100
WINTER PARK, FL 32789

New Mailing Address:

2277 N FORSYTH ROAD
ORLANDO, FL 32807

FEI Number: 51-0457207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPP, PETER M
2273 LEE ROAD
SUITE 100
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SZUCS, ZOLTAN MGRM
2277 N, FORSYTH ROAD
ORLANDO, FL 32807 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: ZOLTAN SZUCS

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SZUCS, ZOLTAN
Address: 2273 LEE ROAD SUITE 100
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Delete
Name: SHIPP, PETER M
Address: 2273 LEE ROAD SUITE 100
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SZUCS, ZOLTAN
Address: 2277 N. FORSYTH ROAD
City-St-Zip: ORLANDO, FL 32807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ZOLTAN SZUCS

MGRM

01/03/2007

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