

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016068**

1. Entity Name  
**CUSTOM EXPRESS HOMES, LLC**



Principal Place of Business      Mailing Address

2514 LAND O' LAKES BOULEVARD      2514 LAND O' LAKES BOULEVARD  
 LAND O' LAKES, FL 34639              LAND O' LAKES, FL 34639

**DO NOT WRITE IN THIS SPACE**



04082005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>20-0048186</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PINSON, ROBERT CARL**  
**2514 LAND O' LAKES BOULEVARD**  
**LAND O' LAKES, FL 34639**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINSON, ROBERT 2514 LAND O' LAKES BOULEVARD LAND O LAKES, FL 34639
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 04/29/05-80049-021 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Pinson      Robert Pinson      4/26/05      813-909-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #