

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000022260

1. Entry Name  
TRISTAR CUSTOM HOMES, L.L.C.



Principal Place of Business  
3651 HIGHWAY 90 #D  
PACE, FL 32571

Mailing Address  
3651 HIGHWAY 90 #D  
PACE, FL 32571



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2019569

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BREWSTER, JAMES R  
547 N. MONROE STREET STE. 203  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FOSTER, ROBERT
STREET ADDRESS	1800 HOWELL PITT ROAD
CITY - ST - ZIP	JAY, FL 32565
TITLE	MGRM
NAME	JACKSON, LAWRENCE
STREET ADDRESS	PO BOX 413
CITY - ST - ZIP	JAY, FL 32565
TITLE	MGRM
NAME	BRANNON, MARCUS
STREET ADDRESS	8971 BYROM CAMPBELL ROAD
CITY - ST - ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000225720  
02/11/05-80049-022 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 Foster*

*2-9-05*

*850-995-0025*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ROBERT FOSTER**