

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90166 046 ****50.00

DOCUMENT # L03000022260

1. Entity 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

2. Principal Place of Business

4286 Woodbine Rd

Suite, Apt. #, etc.

C

3. Mailing Address

4286 Woodbine Rd.

Suite, Apt. #, etc.

C

City & State

PACE, FL

City & State

PACE, FL

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FOSTER, ROBERT
STREET ADDRESS 1800 HOWELL PITT ROAD
CITY-ST-ZIP JAY FL 32565

TITLE MGRM ☐ Delete
NAME JACKSON, LAWRENCE
STREET ADDRESS PO BOX 413
CITY-ST-ZIP JAY FL 32565

TITLE MGRM ☐ Delete
NAME BRANNON, MARCUS
STREET ADDRESS 8971 BYROM CAMPBELL ROAD
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-31-06

850-995-0025