


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022260</b> 1. Entity Name TRISTAR CUSTOM HOMES, L.L.C.	
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Principal Place of Business 4286 WOODBINE RD C PACE, FL 32571	Mailing Address 4286 WOODBINE RD C PACE, FL 32571
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, ROBERT 1800 HOWELL PITT ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, LAWRENCE PO BOX 413 JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANNON, MARCUS 8971 BYROM CAMPBELL ROAD PACE, FL 32571
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U00000824116  
02/20/08-80065-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Robert Foster 1-22-08 850-995-0025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #