2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L03000022260

Entity Name: TRISTAR CUSTOM HOMES, L.L.C.

Current Principal Place of Business:

4374 FIFTH AVE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4374 FIFTH AVE
PACE, FL 32571

New Mailing Address:

FEI Number: 43-2019569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOSTER, ROBERT
Address: 1800 HOWELL PITT ROAD
City-St-Zip: JAY, FL 32565

Title: MGRM ( ) Delete
Name: JACKSON, LAWRENCE
Address: PO BOX 413
City-St-Zip: JAY, FL 32565

Title: MGRM ( ) Delete
Name: BRANNON, MARCUS
Address: 8971 BYROM CAMPBELL ROAD
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOSTER, ROBERT D
Address: 1800 HOWELL PITT ROAD
City-St-Zip: JAY, FL 32565

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT FOSTER MGRM 01/06/2009

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