2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000023428

KEITH'S ROD & CUSTOM, LLC.



Principal Place of Business

Mailing Address

1130 NE 7TH AVE.

1130 NE 7TH AVE.

BAY 15

BAY 15

FORT LAUDERDALE, FL 33304

FORT LAUDERDALE, FL 33304

FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90032 050 ****50.00

P0022411



02272006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 02-0697347 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

PISUT, KEITH E 1130 NE 7TH AVE. **BAY 15**

FORT LAUDERDALE, FL 33304

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the purpose of char ions of registered agent	iging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
	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, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	PISUT, KEITH E			
STREET ADDRESS	1130 NE 7TH AVE. BAY 15			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			
TITLE	MGRM			
NAME	OBOLSKY, MICHAEL			
STREET ADDRESS	1130 NE 7TH AVE. BAY 15	1		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			
TITLE	MGRM			
NAME	PEARSON, KAYE	1		
STREET ADDRESS	1130 NE 7TH AVE. BAY 15	DO NO	T MOITE	
CITY+ST-ZIP	FORT LAUDERDALE, FL 33304	א טע אל	DO NOT WRITE	
TITLE		IN TUI	S SDACE	
NAME		וחו או ו	IN THIS SPACE	
STREET ADDRESS				

11. I hereby certify that the information supplied with this filips 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 pay 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 turstee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

03/01/06