2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023428

1. Entity Name

KEITH'S ROD & CUSTOM, LLC.

US

FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

1130 NE 7TH AVE.

BAY 15

FORT LAUDERDALE, FL 33304 US

Mailing Address

1130 NE 7TH AVE.

BAY 15

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33304



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0697347

Not Applicable

\$5.00 Additional

Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PISUT, KEITH E 1130 NE 7TH AVE. BAY 15 FORT LAUDERDALE, FL 33304

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8. The above named entity submits this statement for the purpose of changing its registered	ed 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

U00000930885 05/21/08-80127-006 138.75

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
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	PEARSON, KAYE
STREET ADDRESS	1130 NE 7TH AVE. BAY 15
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ȘT-ZIP	
TITLE	1 1 2 2 2
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	l e e e e e e e e e e e e e e e e e e e

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 ray 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 employered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

INATURE AND WIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/08

954-572-800

Daytime Phone #