

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90217 045 \*\*\*\*50.00

DOCUMENT # L03000034386

1. Entity Name  
R & S CUSTOM BUILT HOMES, L.L.C.



Principal Place of Business  
22321 PALM CREST DRIVE  
PANAMA CITY BEACH, FL 32413

Mailing Address  
22321 PALM CREST DRIVE  
PANAMA CITY BEACH, FL 32413

34004115



2. Principal Place of Business  
22321 Palm Crest Drive

3. Mailing Address  
22321 Palm Crest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-LLC CR2E083 (10/03)

City & State  
Panama City Beach, FL

City & State  
Panama City Beach, FL

4. FEI Number  
20-0214754

Applied For  
Not Applicable

Zip  
32413

Country  
US

Zip  
32413

Country  
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF LAMAR A. CONERLY, P.A.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM *MANAGING MEMBER* ☐ Delete  
James A. Register  
22312 Palm Crest Drive  
Panama City Beach, FL 32413

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
M *MANAGER* ☐ Delete  
William T. Sauls  
22321 Palm Crest Drive  
Panama City Beach, FL 32413

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James A. Register* James A. Register

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

Date

Daytime Phone #