


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049132 1. Entity Name CUSTOM SYSTEMS, LLC	
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Principal Place of Business 51 5TH AVENUE SHALIMAR, FL 32579	Mailing Address 51 5TH AVENUE SHALIMAR, FL 32579
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03222006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0445201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LINDSAY, JOHN T SR. 17 SHERWOOD ROAD FORT WALTON BEACH, FL 32547

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDSAY, JOHN T SR. 17 SHERWOOD ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDSAY, CHRISTOPHER A 17 SHERWOOD ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STONE, MARCUS W 51 5TH AVENUE SHALIMAR, FL 32579
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05/19/06-80041-022 50.00

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: John T. Lindsay John T. Lindsay 89 April 06 850-862-5168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #