

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L03000049132

1. Entity Name
CUSTOM SYSTEMS, LLC



Principal Place of Business

51 5TH AVENUE
SHALIMAR, FL 32579

Mailing Address

51 5TH AVENUE
SHALIMAR, FL 32579



01192008No Chg-LLC

CR2E083 (12/07)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINDSAY, JOHN T SR.
STREET ADDRESS	17 SHERWOOD ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	MGRM
NAME	LINDSAY, CHRISTOPHER A
STREET ADDRESS	17 SHERWOOD ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	MGRM
NAME	STONE, MARCUS W
STREET ADDRESS	51 5TH AVENUE
CITY-ST-ZIP	SHALIMAR, FL 32579

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000874150
04/10/08-80107-016 138.75

**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 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 Sr. 850-862-5168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 28 March 2008 Daytime Phone #