## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0400006645  1: Antity Name KUSTOM CONCEPTS, LLC			کی ج	OS AUG 26 ECITE ITALY LAHASSEE	PALS	0	
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Principal Place of Business Mailing Address	$\circ$			MASSE	OF C.	<i>'</i> 3'	
"4621 BARCLAY LANE   4621 BARCLAY LANE   TALLAHASSEE, FL 32309   TALLAHASSEE, FL 323		.l./		$^{\circ \zeta} \mathcal{E}$	FISTAT	`r-	
- TALLATIANCE, TE 32303	~~	'Y\			LURI	) 4	
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2. Principal Place of Business Briwn Rd Po Box	12613	-					
Suite, Apt. #, etc.			07192005	Chg-LLC	CR2E	083 (10/03)	
City & State Ciby & State			4. FEI Number				oplied For
Tallahassee FL Tallahasse	e FI	<b>'</b>	4. FEI NUMBE			-	ot Applicable
	Country					\$5.00 Add	
7country 7 Zip 7country 32.317			5. Certificate of	of Status Desired		Fee Require	
6. Name and Address of Current Registered Agent			7. Name and	Address of New	Registered	Agent	
Name						-	
FUSCO, SAMUEL P	Chrost A	ddrass "	O Day March	r in Nint Assess	(a6) 1		<del></del>
-4621-BARGLAY LANE	Street A	ouress (F <b>2/ E</b>	O. Box Number	Skaw I	12 M	KIda E	#25
TALLAHASSEE, FL 32309		<del></del>	- 1 V T-1	J1 - W	<u> (</u>	<del></del>	
¥ ,	City 7	-11-	1 - 5-00		FL	Zin Cod	<u>.</u>
8. The above named entity submits this statement for the purpose of changing its	registered office o	r register	Lassee	in the State of E	lorida Lam	familiar with	and accept
the obligations of registered agent.		rogiotore	od agoni, or oon	1, 111 1110 01210 01 1	ionua. Tam	tarrinar with,	and accept
CONTACTION							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)	<del></del>	DATE		
Filing Fee is \$50.00 Due by September 7, 2005			1		ke check p		
				Florid	a Departm	ent of Stat	e
9. MANAGING MEMBERS/MANAGERS	10.			Florid	<u> </u>		e
9. MANAGING MEMBERS/MANAGERS	10.	<u> </u>			<u> </u>	<b>S</b>	
9. MANAGING MEMBERS/MANAGERS  TITLE MANAGING MEMBERS/MANAGERS  TITLE MANAGERS  Delete					<u> </u>		e ☐ Addilion
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9. MANAGING MEMBERS/MANAGERS  TITLE MANAGING MEMBERS/MANAGERS  TITLE MANAGERS  Delete	TITLE NAME				<u> </u>	<b>S</b>	
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9. MANAGING MEMBERS/MANAGERS  TITLE MISSING MEMBERS/MANAGERS  TITLE MISSING MEMBERS/MANAGERS  TO BOX 12 to 13  CITY-ST-ZIP  Taliahassee  1-232317	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ADDITIONS	/CHANGES	Change	Addition
9. MANAGING MEMBERS/MANAGERS  TITLE MANAGERS  MANAGING MEMBERS/MANAGERS  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		9(	ADDITIONS	/CHANGES	Change	Addition
9. MANAGING MEMBERS/MANAGERS  TITLE MANAGER SAMUEL P. FUSCO  Delete  PO BOX 12 to 13  TITLE  NAME  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		09/01		/CHANGES	Change	Addition
9. MANAGING MEMBERS/MANAGERS  TITLE MANAGERS  TOTHE MANAGERS  TOTHE STREET ADDRESS  TOTHE STREET ADDRESS  TOTHE STREET ADDRESS  TOTHE STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		9(	ADDITIONS	/CHANGES	Change  Change  Change  **50.	Addition
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9. MANAGING MEMBERS/MANAGERS  TITLE MANAGER STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		91 09/01	ADDITIONS	/CHANGES	Change  Change  Change  **50.	Addition  Addition
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9. MANAGING MEMBERS/MANAGERS  TITLE   Delete   P. Fusco   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   Tallahassee   F-L 323/7    TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   DELETE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   DELETE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   DELETE   DELETE   DELETE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		09/01	ADDITIONS	/CHANGES	Change Change SS-S-S-Change Change	Addition  Addition
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