

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90250 048 ****50.00



DOCUMENT # L04000010356	
1. Entity Name CUSTOM PAINT DESIGNS LLC	
Principal Place of Business 1607 BACKWATER DR F MIDDLEBURG FL 32068	Mailing Address 1607 BACKWATER DR F MIDDLEBURG FL 32068
2. Principal Place of Business - No P.O. Box # 1607 Backwater dr	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E083 (10/06)

City & State Middleburg FL	City & State	4. FEI Number 65-0509700	Applied For Not Applicable
Zip 32068	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CHIUSA, CHARLES A 1607 BACKWATER DR MIDDLEBURG FL 32068		7. Name and Address of New Registered Agent Name: Independent INS Street Address (P.O. Box Number is Not Acceptable) City: Sunrise 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: *Charles A. Chiusa* (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHIUSA, CHARLES A 1607 BACKWATER DR MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles A. Chiusa* Charles A. Chiusa Date: 4-9-07 904-304-0281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #