

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000026059

FILED
Dec 15, 2006
Secretary of State

Entity Name: R & A CUSTOM BUILDERS, L.L.C.

Current Principal Place of Business:

1347 WHITEWOOD DR
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1347 WHITEWOOD DR
DELTONA, FL 32725

New Mailing Address:

FEI Number: 16-1698189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWHUN, SAMUEL K
1347 WHITEWOOD DR
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAWHUN, SAMUEL K
Address: 1397 E. HANCOCK DRIVE
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: LAWHUN, SAMUEL R
Address: 1397 E. HANCOCK DRIVE
City-St-Zip: DELTONA, FL 32725

Title: MGRM (X) Delete
Name: LAWHUN, TOMMY L
Address: 1397 E. HANCOCK DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LAWHUN, SAMUEL K
Address: 1347 WHITEWOOD DR
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change () Addition
Name: DOUCETTE, DEBRA A
Address: 2538 SHEFFIELD DR
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL K LAWHUN P 12/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date