

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026059

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

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

1347 WHITEWOOD DR  
DELTONA, FL 32725

## New Principal Place of Business:

646 KEELHAUL RD  
OSTEEN, FL 32764

## Current Mailing Address:

1347 WHITEWOOD DR  
DELTONA, FL 32725

## New Mailing Address:

PO BOX 391508  
DELTONA, FL 32739

FEI Number: 16-1698189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LAWHUN, SAMUEL K  
646 KEELHAUL RD  
OSTEEN, FL 32764 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: LAWHUN, SAMUEL K  
Address: 646 KEELHAUL RD  
City-St-Zip: OSTEEN, FL 32764

Title: VP (X) Change ( ) Addition  
Name: DOUCETTE, DEBRA A  
Address: PO BOX 391414  
City-St-Zip: DELTONA, FL 32739

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2008

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