2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000030747

1. Entity Name

CUSTOM & CARRIAGE REALTY, L.L.C.



FILED Jul 25, 2007 08:00-AM Secretary of State

Principal Place of Business

1275 LAKE HEATHROW LANE HEATHROW, FL 32746 Mailing Address

1275 LAKE HEATHROW LANE HEATHROW, FL 32746



07202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3381819 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKER, PAUL ESQ 1275 LAKE HEATHROW LN LAKE MARY, FL 32746

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8.	The above named entity submits this statement for the purpose of ci	hanging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.		
SI	NATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstaling)	DATE

Filing Fee is \$50.00 Due by September 14, 2007

000000770500 07/25/07-80006-008 50.00

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATHROW LAND COMPANY LIMITED PARTNERSHIP 1275 LAKE HEATHROW LANE HEATHROW, FL 32746			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information				

11. I hereby certify that the information supplied with this filling 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 ilmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/23/07

407.332.1400

Oate

Daytime Phone #