

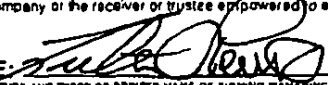
Apr. 27. 2005 1:45PM

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90117 030 ****50.00

DOCUMENT # L04000043636			
1. Entity Name CUSTOM TRAK SERVICES, LLC			
Principal Place of Business 7117 RIVER CLUB BLVD. BRADENTON, FL 34202		Mailing Address 7117 RIVER CLUB BLVD. BRADENTON, FL 34202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEI Number 20-1227840		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ULRICH, RICHARD A ESQ 2940 S. TAMiami TRAIL SARASOTA, FL 34239		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
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 _____ (NOTE: Registered Agent signature required when representing)			
Filing Fee is \$50.00 Due by May 1, 2005		Please check payment to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LEWIS, FULTON 7117 RIVER CLUB BLVD. BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHEYER, STUART R 2640 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.			
SIGNATURE  FULTON LEWIS		Date 4/28/05 941 9078020	