2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: MASTER CUSTOM BUILDER INSURANCE GROUP, LLC

Current Principal Place of Business:

1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-2443632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIHLE INSURANCE GROUP, INC
1021 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 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
Name: SIHLE INSURANCE GROUP, INC
Address: 1021 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR
Name: CUSTOM BUILDER INSURANCE, LLC
Address: 1260 PALMETTO AVE. SUITE B
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 Statues.

SIGNATURE: SIHLE INSURANCE GROUP, INC. MGR 03/15/2011

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