
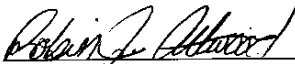


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 012 ****50.00

DOCUMENT # L05000064169 1. Entity Name ATTWOOD CUSTOM CREATIONS, LLC					
Principal Place of Business 9760 SAN JOE BOULEVARD JACKSONVILLE, FL 32257			Mailing Address 9760 SAN JOE BOULEVARD JACKSONVILLE, FL 32257		
2. Principal Place of Business 3715-3 San Jose Blvd Suite, Apt. #, etc.		3. Mailing Address 3715-3 SAN JOSE BLVD Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State JACKSONVILLE FL		4. FEI Number 20-3065999	
Zip 32257		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD SUITE 450 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATTWOOD, ROBIN J 9760 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATTWOOD, ROBIN J 3715-3 SAN JOSE BLVD JACKSONVILLE, FL 32257
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	

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