

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072536

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** TREMAYNE A. ALLEN CUSTOM HOMES LLC

**Current Principal Place of Business:**

529 S. PARSONS AVENUE  
#309  
BRANDON, FL 33511 US

**New Principal Place of Business:**

2910 GIRVAN DRIVE  
LAND O LAKES, FL 34638 US

**Current Mailing Address:**

529 S. PARSONS AVENUE  
#309  
BRANDON, FL 33511 US

**New Mailing Address:**

2910 GIRVAN DRIVE  
LAND O LAKES, FL 34638 US

**FEI Number:** 20-3278659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALLEN, TREMAYNE A  
529 S. PARSONS AVENUE  
#309  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

ALLEN, TREMAYNE A  
2910 GIRVAN DRIVE  
LAND O LAKES, FL 34638 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: TREMAYNE A. ALLEN

03/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: ALLEN, TREMAYNE A  
Address: 2910 GIRVAN DRIVE  
City-St-Zip: LAND O LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TREMAYNE A. ALLEN

MR

03/21/2006

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