


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000122121	
1. Entity Name SOUTHERN CUSTOM WOODWORKS, LLC	

Principal Place of Business 7186 123RD CIRCLE NORTH LARGO, FL 33773	Mailing Address 7186 123RD CIRCLE NORTH LARGO, FL 33773
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HAYNES, GEORGE L III 4701 CENTRAL AVE STE A SAINT PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jones, Barrie A. 7186 123rd Circle North Largo, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Managing Member Stevens, Tracey S. 7186 123rd Circle North Largo, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Stevens, Tracey S. 7186 123rd Circle North Largo, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138347929 12/01/08--01075--018 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Managing Member Date: 11-21-08 Daytime Phone #: 727 423 7547

FILED
03 DEC -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA



11182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3995324 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required