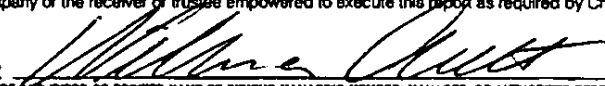


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-27-2007 90081 047 ****50.00

DOCUMENT # L06000011355 1. Entity Name CUSTOM INSTALLATION LIMITED LIABILITY COMPANY					
Principal Place of Business 307 JUNIPER ST. DESTIN, FL 32541			Mailing Address 307 JUNIPER ST. DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 307 Juniper St Suite, Apt. #, etc.		3. Mailing Address 307 Juniper St Suite, Apt. #, etc.		02192007 Chg-LLC CR2E083 (12/06)	
City & State Destin FL.		City & State Destin FL.		4. FEI Number 54-2191033	
Zip 32541 Country okalabosa		Zip 32541 Country FL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AULT, WILLIAM C 307 JUNIPER ST. DESTIN, FL 32541			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. N/A SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	owner/manager WILLIAM AULT 307 Juniper St Destin FL 32541	☐ 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
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
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 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: 				2-20-07 850-974-2924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					