2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-12-2007 90483 024 ****50.00

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DOCUMENT # L06000012077

1. Entity Name
KUSTOM ENGINES LLC

Principal Place of Business	Mailing Address
11 INDUSTRY DRIVE PALM COAST, FL 32137	11 INDUSTRY DRIVE PALM COAST, FL 32137

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11 INDUSTRY DR.	1914 ART MUSEUM DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PALM COAST, FL	JACKSONVILLE, FL
City & State	City & State
Zip 32137 County FLAGLER	Zip 32207 Country DUVAL

4. FEI Number 20-4407888 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EICKERT, KEITH
11 INDUSTRY DRIVE
PALM COAST FL 32137

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 changing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR. KEITH EICKERT 11 INDUSTRY DR. PALM COAST, FL 32137 ☐ Delete	MGRM	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR CHARLES RALEY 1914 ART MUSEUM DR. JACKSONVILLE, FL 32207 ☐ Delete	MGRM	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR WILLIAM T. MYRICK III 1914 ART MUSEUM DR JACKSONVILLE, FL 32207 ☐ Delete	MGRM	☐ 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 Section 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: Charles Raley CHARLES RALEY MANAGER 3/27/07 904-399-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FROM : FAX NO. : Mar. 23 2007 02:31PM P2