


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

04-24-2007 90115 031 ****50.00

DOCUMENT # L06000026833				
1. Entity Name CUSTOM STREET & DIRT LLC				
Principal Place of Business 1100 NORTH FLORIDA MANGO ROAD, SUITE F WEST PALM BEACH, FL 33409			Mailing Address 1100 NORTH FLORIDA MANGO ROAD, SUITE F WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	
City & State			City & State	
Zip	Country	Zip	Country	4. FEI Number 20-1283637
			Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410			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 reissuing) _____ DATE _____				
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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOMMONE, ANTHONY J		NAME	
STREET ADDRESS	1100 NORTH FLORIDA MANGO ROAD, SUITE F		STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33409		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
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CITY - ST - ZIP			CITY - ST - ZIP	
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 prepare this report as required by Chapter 608, Florida Statutes.				
SIGNATURE _____			Date 4-20-07 561-712-9300 Delete Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				

30008541



01112007 Chg-LLC CR2E083 (12/06)

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