

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056052

Entity Name: BIG R CUSTOMS, L.L.C.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

434 NE 3RD AVENUE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

434 NE 3RD AVENUE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-4967545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ
4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

FRY, RANDY A
434 NE 3RD AVENUE
CAPE CORAL, FL 33909 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: RANDY A FRY

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRY, RANDY
Address: 923 DEL PRADO BLVD. #204
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR () Delete
Name: FRY, CONNIE
Address: 923 DEL PRADO BLVD. #204
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRY, RANDY
Address: 434 NE 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR (X) Change () Addition
Name: FRY, CONNIE
Address: 434 NE 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: RANDY A FRY

MGR

01/04/2008

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