

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90187 042 \*\*\*143.75

<b>DOCUMENT # L06000113758</b> 1. Entity Name <b>PIPE DREAM CUSTOMS, LLC</b>					
Principal Place of Business <b>5301 SOUNDVIEW AVENUE ST. AUGUSTINE, FL 32080</b>			Mailing Address <b>5301 SOUNDVIEW AVENUE ST. AUGUSTINE, FL 32080</b>		
2. Principal Place of Business - No P.O. Box # <b>1704 Lakeside Ave</b> Suite, Apt. #, etc. <b>Units</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>St. Aug FL</b> Zip <b>32084</b>			
City & State <b>St. Aug FL</b>		City & State  Zip  Country <b>US</b>		4. FEI Number <b>60-8199992</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>BEARDSLEY, BRANDON D ESQ. 1510 N. PONCE DE LEON BLVD., SUITE B ST. AUGUSTINE, FL 32084</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RICHARD DAVID HOLLINGSWORTH, JR. 5301 SOUNDVIEW AVENUE ST. AUGUSTINE, FL 32080</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			<b>5/13/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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