2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122977

Entity Name: CUSTOM WORKS LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9339 ALTERNATE A1A 8759 MAN-O-WAR RD

LAKE PARK, FL 33403 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

9339 ALTERNATE A1A 8759 MAN-O-WAR RD

LAKE PARK, FL 33403 PALM BEACH GARDENS, FL 33418

FEI Number: 11-3800407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZGERALD, NICOLE GLUSAC, WILLIAM 9197-C SUN TERRACE CIRCLE 8759 MAN-O-WAR RD

PALM BEACH GARDENS, FL 33403 US PALM BEACH GARDENS, FL 33418 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: WILLIAM GLUSAC 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: FITZGERALD, NICOLE Name: GLUSAC, WILLIAM

 Address:
 9339 ALTERNATE A1A
 Address:
 8759 MAN-O-WAR RD

 City-St-Zip:
 LAKE PARK, FL 33403
 City-St-Zip:
 PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: FITZGERALD, KENNETH Name: GLUSAC, STEFANIE

Address: 9197-C SUNTERRACE CIRCLE Address: 8759 MAN-O-WAR RD City-St-Zip: PALM BEACH GARDENS, FL 33403 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Delete Title: () Change () Addition

Name: GLUSAC, WILLIAM Name:

Address: MAN -O -WAR Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GLUSAC, STEFANIE
 Name:

 Address:
 8759 MAN-O-WAR RD.
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

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: WILLIAM GLUSAC MGRM 04/29/2009