2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90084 049 ***138.75

DOCUMENT # L07000030192

1. Entity Name
SY CUSTOM BUILDER,L.L.C.

Principal Place of Business
12335 91ST ST
FELLSMERE FL 32948

Mailing Address
12335 91ST ST
FELLSMERE FL 32948

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 12535 91ST ST.
Suite, Apt. #, etc.
City & State: FELLSMERE, FL.
Zip: 32948 Country: INDIAN RIVER

3. Mailing Address: 12535 91ST ST.
Suite, Apt. #, etc.
City & State: FELLSMERE FL.
Zip: 32943 Country: INDIAN RIVER

4. FEI Number: 14 1993706 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
YACKSO, STEVE
12335 91ST ST
FELLSMERE FL 32948

7. Name and Address of New Registered Agent
Name: STEVEN A. YACKSO
Street Address (P.O. Box Number is Not Acceptable): 12535 91ST ST.
City: FELLSMERE, FL Zip Code: 32948

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: [signature] 3.25.08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	YACKSO, MARIANNE		NAME		
STREET ADDRESS	~~12335~~ 91ST ST 12535		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL 32948		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 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: [signature] 2.26.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #