

**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
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2. Principal Place of Business - No P.O. Box # 12535 91ST ST.	3. Mailing Address 12535 91ST ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

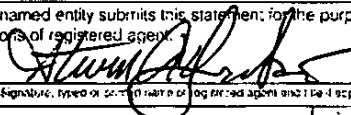
City & State FELLSMERE, FL.	City & State FELLSMERE FL.
Zip 32948	Zip 32948
Country INDIAN RIVER	Country INDIAN RIVER



1st MOORE CR2E083 (10/07)

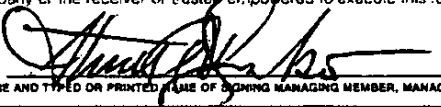
4. FEI Number 14 1993706	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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	
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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 	DATE 3-25-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM YACKSO, MARIANNE 12335 91ST ST 12535 FELLSMERE FL 32948 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: 	DATE: 2-26-08