2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000002231

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

Principal Place of Business	Mailing Address
350 N. LAKE DESTINY RD STE 110-112 MAITLAND, FL 32751	901 SEMMES AVENUE MTG 1815 RICHMOND, VA 23224

DO NOT WRITE IN THIS SPACE

24016154

01082004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
31-1801041	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SUNTRUST LENDER MANAGEMENT, LLC
STREET ADDRESS	901 SEMMES AVE ATG1815
CITY-ST-ZIP	RICHMOND, VA 23224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _James Giaramito, Manager_   2/10/04   804 319-4317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

JAmes Giaramito