

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004774

Entity Name: CUSTOM BODY, LLC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

3527 GARDNER ROAD
KANSAS CITY, MO 64120

New Principal Place of Business:

Current Mailing Address:

3527 GARDNER ROAD
KANSAS CITY, MO 64120

New Mailing Address:

FEI Number: 30-0141952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, FRED
Address: 3527 GARDNER ROAD
City-St-Zip: KANSAS CITY, MO 64120

Title: MGRM () Delete
Name: ROSS, JIM
Address: 3527 GARDNER ROAD
City-St-Zip: KANSAS CITY, MO 64120

Title: MGRM () Delete
Name: ROSS, CHRIS
Address: 3527 GARDNER ROAD
City-St-Zip: KANSAS CITY, MO 64120

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM ROSS

MGRM

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date