



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 21 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #200219 CUSTRED FAMILY PARTNERSHIP, L.C. 4324 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813		1a. Principal Place of Business Address 4324 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 05/07/1990
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL
City & State		City & State		4. FEI Number 59-1826944
Zip	Country	Zip	Country	5. Date of Last Report 04/17/1996
7. Name and Address of Current Registered Agent CUSTRED, LINDA F. 4324 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of New Registered Agent				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Name				
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, etc.				
City				FL
Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
M	CUSTRED, LINDA F.	4324 CLEVELAND BLVD		LAKELAND FL
M	CUSTRED, U. K.	4324 CLEVELAND BLVD		LAKELAND FL
M	CUSTRED, STEVEN S.	4324 CLEVELAND BLVD		LAKELAND FL
M	CUSTRED, JEFFREY K.	5613 FRANCIS PIPKIN RD		LAKELAND FL
M	CUSTRED, RICHARD C.	6138 CHRISTINA DR., E.		LAKELAND FL
M	RUSSELL, DIANA C.	5615 FRANCES PIPKIN RD.		LAKELAND FL
000002152830 -04/23/97-000002152830 ****203.75 ****203.75				
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 		U-V-97 941-646-6315		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		