

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90026 022 \*\*\*\*50.00

**DOCUMENT # Z00219**

1. Entity Name

**CUSTRED FAMILY PARTNERSHIP, L.C.**



Principal Place of Business

**5981 LAKE VICTORIA DRIVE  
LAKELAND FL 33813**

Mailing Address

**5981 LAKE VICTORIA DRIVE  
LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1826944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CUSTRED, LINDA F.  
5981 LAKE VICTORIA DRIVE  
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Delete  
NAME **CUSTRED, LINDA F.**  
STREET ADDRESS **5981 LAKE VICTORIA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CUSTRED, U. K.**  
STREET ADDRESS **5981 LAKE VICTORIA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **CUSTRED, STEVEN S.**  
STREET ADDRESS **9815 FOREST GLADE DRIVE**  
CITY-ST-ZIP **OKLAHOMA CITY OK 73151**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **CUSTRED, JEFFREY K.**  
STREET ADDRESS **5795 LAKE VICTORIA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **CUSTRED, RICHARD C.**  
STREET ADDRESS **5921 LAKE VICTORIA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **RUSSELL, DIANA C.**  
STREET ADDRESS **5861 LAKE VICTORIA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-7-03

863-646-6315

CR2E083 (10/02)