


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000023314**

1. Entity Name  
**COMMERCIAL HANDYMAN, LLC**



Principal Place of Business <b>1164 GOODLETTE RD          NAPLES, FL 34102</b>	Mailing Address <b>1164 GOODLETTE RD          NAPLES, FL 34102</b>
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**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>55-0796376</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, CLIFFORD A  
 1164 GOODLETTE RD  
 NAPLES, FL 34102**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLONIAL SQUARE REALTY, INC. 1164 GOODLETTE RD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, TAMMY 1164 GOODLETTE RD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOULTON, ED 1164 GOODLETTE RD NAPLES, FL 34102
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000000121577  
 04/20/04-80058-018 50.00

**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:** *Tammy Price* **TAMMY PRICE**      4-12-04      239-241-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #