


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L02000023314<br>1. Entity Name<br>COMMERCIAL HANDYMAN, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1164 GOODLETTE RD<br>NAPLES, FL 34102 | Mailing Address<br>1164 GOODLETTE RD<br>NAPLES, FL 34102 |
|--|--|

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04192005No Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>55-0796376                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

**6. Name and Address of Current Registered Agent**

OLSON, CLIFFORD A  
1164 GOODLETTE RD  
NAPLES, FL 34102

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COLONIAL SQUARE REALTY, INC.<br>1164 GOODLETTE RD<br>NAPLES, FL 34102 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PRICE, TAMMY<br>1164 GOODLETTE RD<br>NAPLES, FL 34102                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MOULTON, ED<br>1164 GOODLETTE RD<br>NAPLES, FL 34102                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/27/05-80155-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4-20-05 279-261-2627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #