


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023314
 1. Entity Name
 COMMERCIAL HANDYMAN, LLC



Principal Place of Business 1164 GOODLETTE RD NAPLES, FL 34102	Mailing Address 1164 GOODLETTE RD NAPLES, FL 34102
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04052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0796376	Applied For 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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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 resigning) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

1100000509151
 04/28/06-80032-013 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CLIFFORD OLSON Date: 4-10-06 Daytime Phone #: 239-261-2627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE