


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 016 ****55.00

DOCUMENT # L05000070334

1. Entity Name
A & A HANDYMAN, LLC



Principal Place of Business Mailing Address

2618 E. CHELSEA ST. TAMPA FL 33610 **2618 E. CHELSEA ST. TAMPA FL 33610**

2. Principal Place of Business 3. Mailing Address

2618 E Chelsea St *2618 E Chelsea St*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Tampa *Tampa*

Zip Country Zip Country

33610 Hillsborough *33610 Hillsborough*

4. FEI Number Applied For

20-3159314 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

CROWELL, ALLEN H
2618 E. CHELSEA ST.
TAMPA FL 33610

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CROWELL, ALLEN H	
STREET ADDRESS	2618 E. CHELSEA ST.	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	WATERS, ALEX M	
STREET ADDRESS	2618 E. CHELSEA ST.	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waters Alex M	
STREET ADDRESS	2618 E Chelsea	
CITY - ST - ZIP	Tampa FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Allen Crowell* Date: *Feb 18, 2006*

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