## FILED Apr 25, 2007 8:00 am Secretary of State

2007	LIMITIED LIADILITY COMPAN	4 1
	ANNUAL REPORT	

ANNUAL REPORT							Secretary of State					
DOCUMENT # L02000023314						04-25-2007 90038 024 ****50.00						
1. Entity Name COMMERCIAL HANDYMAN, LLC												
		,,										
Principal Place of Business		Mailing Addre	Mailing Address				CODAD	297				
1164 GOOD				1164 GOODLETTE RD			60040327					
NAPLES, FL	34102		NAPLES, FL	34102			: 18211811 611 8		II GELIE NGES INSI		)	
2. Principal Place of Business - No P.O. Box #			3. Mailing Add	3. Mailing Address								
Suite Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			04172007	Chg-LLC	CR2E08	3 (12/06)			
City Aller FC		City & State	City & State			4. FEI Number 55-0796	376		_ <del> </del>	plied For at Applicable		
<sup>Zip</sup> 34/	102 Country US Zip Cour			untry		5. Certificate of Status Desired 55.00 Additional Fee Required						
	6. Name	and Address of Curr	ent Registered Agen	t	7. Name and Address of New Registered Agent							
OLSON, CLIFFORD A 1964-GOODLETTE P.D. # 201				<u>-</u> -	Name Street Address (P.O. Box Number is Not Acceptable)							
NAPLES,	FL 34102											
					City				FL	Zip Code	9	
	e named entit tions of regist	y submits this statementered agent.	nt for the purpose of o	hanging its registe	ered office o	r register	ed agent, or both	, in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Registe	ered Agent signat	ure required	when reinstating)		DATE			
								· · · ·				
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State					
9.		MANAGING MEN	BERS/MANAGERS	10	).		<u> </u>	ADDITIONS/	CHANGES			
TITLE	MGRM		_		TLE				_	Change	☐ Addition	
NAME STREET ADDRESS	COLONIAL SQUARE REALTY, INC.  s 1164 GOODLETTE RD			ame Treet address	1048	BOODLE	TE PO.	#201				
CITY-ST-ZIP	1	FL 34102			TY-ST-ZIP	NA.	PUES F	TTE PD. L 34100	L_		}	
TITLE	MGRM			Delete Til	TLE .					□-Change	Addition	
NAME	PRICE, TAMMY				ME	IN/	8 BOONIA	DA STILL	#201	_ ~	_	
STREET ADDRESS City-St-Zip					TY-ST-ZIP	NA	OUS PL	TTE RD. 34102	-			
TITLE	MGRM				TLE			_	, 0	Change	Addition	
NAME	MOULTO				ME	1048	) BDOOLE	ETTE RD.	# <i>X01</i>			
STREET ADDRESS CITY-ST-ZIP	1	DDLETTE RD FL 34102			REET ADDRESS Ty-St-Zip	NA	US FL	ETTE AD.	<b>~</b>			
TITLE				Delete III	TLE		-			Change	Addition	
NAME					AME						ì	
STREET ADDRESS CITY-ST-ZIP				1	REET ADDRESS TY-ST-ZIP							
TITLE	!				TLE					Change	Addition	
NAME STREET ADDRESS					ame Reet address							
CITY-ST-ZIP	!				TY-ST-ZIP						ļ	
TITLE				Delete III	TLE			<del>12</del> 1-1	[	Change	Addition	
NAME STREET ADDRESS					ME							
CITY-ST-ZIP					REET ADORESS TY-ST-ZIP						-	
indicated	l on this repo	e information supplied rt is true and accurate	and that my signature	ot qualify for the ex shall have the sar	remptions co	ct as if m	ade under oath; t	hat I am a manag	rther certify the	nat the info or manage	rmation r of the	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: THUMY POICE 4-17-07 299-361-3627  SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAYAGER, OR AUTHORIZED REPRESENTATIVE Date Desysteme Phone #												