
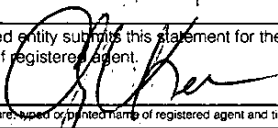
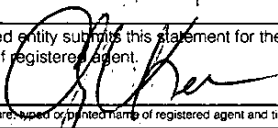
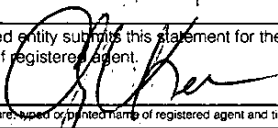



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90244 010 ****50.00

DOCUMENT # L03000013918											
1. Entity Name HANDLE THIS, LLC											
Principal Place of Business 1091 HARBOR LANE GULF BREEZE, FL 32563			Mailing Address 1091 HARBOR LANE GULF BREEZE, FL 32563 US								
2. Principal Place of Business 1900 E. Lakeview Street Suite, Apt. #, etc.		3. Mailing Address 1900 E. Lakeview Street Suite, Apt. #, etc.									
City & State Pensacola, FL Zip 32503 Country USA		City & State Pensacola, FL Zip 32503 Country USA		4. FEI Number 81-0607804 Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072005 Chg-LLC CR2E083 (10/03)							
6. Name and Address of Current Registered Agent SARRA, MICHELLE 1091 HARBOR LANE GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Cheryl Kees</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 1900 E. Lakeview Street</td> </tr> <tr> <td style="padding: 5px;">City Pensacola</td> <td style="padding: 5px;">FL Zip Code 32503</td> </tr> </table>			Name Cheryl Kees		Street Address (P.O. Box Number is Not Acceptable) 1900 E. Lakeview Street		City Pensacola	FL Zip Code 32503
Name Cheryl Kees											
Street Address (P.O. Box Number is Not Acceptable) 1900 E. Lakeview Street											
City Pensacola	FL Zip Code 32503										
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. <table style="width:100%;"> <tr> <td style="width:30%; padding: 5px;"> SIGNATURE  </td> <td style="width:40%; padding: 5px;"> Cheryl Kees </td> <td style="width:30%; padding: 5px;"> DATE </td> </tr> </table>						SIGNATURE 	Cheryl Kees	DATE			
SIGNATURE 	Cheryl Kees	DATE									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State									
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARRA, MICHELLE 1091 HARBOR LANE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEES, CHERYL 1900 E LAKEVIEW STREET PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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: 		Cheryl Kees		0850437-0636							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>							