2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000030738

1. Entity Name

ED LEWIS HANDYMAN SERVICES LLC



FILED Apr 23, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10272 DEVONSHIRE LAKE DRIVE TAMPA, FL 33647

10272 DEVONSHIRE LAKE DRIVE TAMPA, FL 33647



04162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1197686 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of regimered agent and title if applicable.

LEWIS, EDWARD LEON 10272 DEVONSHIRE LAKE DRIVE TAMPA, FL 33647

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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.
SI	IGNATURE.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, EDWARD L 10272 DEVONSHIRE LAKE DR. TAMPA, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby,	certify that the information supplied with this filing does not qualify for the ex

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DATE

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11. I hereby certify that the information supplied with this filling 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 ENLINE & Land

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

april 212008 813:2050538

Daytime Phone #