

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000051277

1. Entity Name
OCOEE HANDYMAN SERVICE LLC



Principal Place of Business
108 OLYMPUS DR
OCOEE, FL 34761

Mailing Address
P.O. BOX 997
OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE



01242006No Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2416587

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZURAKOWSKI, MARGARET
108 OLYMPUS DR
OCOEE, FL 34761

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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 *Margaret Zurakowski* MARGARET ZURAKOWSKI OWNER 1/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZURAKOWSKI, PAUL 108 OLYMPUS DR OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZURAKOWSKI, MARGARET 108 OLYMPUS DR OCOEE, FL 34761
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: *Margaret Zurakowski* MARGARET ZURAKOWSKI OWNER 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 407-256-0515