2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # L03000053213** ALEX KLUBENSPIES, MR. HANDYMAN, L.L.C. Principal Place of Business Mailing Address 66 IVY LANE 66 IVY LANE DEBARY, FL 32713 DEBARY, FL 32713 04142005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1213572 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KLUBENSPIES, ALEX DO NOT WRITE 66 IVY LANE **DEBARY, FL 32713** IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE KLUBENSPIES, ALEX NAME STREET ADDRESS 66 IVY LANE U00000320931 04/21/05-80058-016 50.00 **DEBARY, FL 32713** COY-ST-7P TITLE KLUBENSPIES, CAROL NAME 66 IVY LANE STREET ADDRESS DEBARY, FL 32713 CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

BER, OR AUTHORIZED REPRESENTATIVE