2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # L03000053797 1. Entity Name 02-16-2005 90162 040 ****50.00 HANDY DANDY DON, L.L.C. Principal Place of Business Mailing Address 2161 CALLE DE CASTELAR NAVARRE FL 32566 US 2161 CALLE DE CASTELAR NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 4. FEI Number Applied For City & State City & State EIN 05-0594226 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R. LANE LYNCHARD, P.A. Street Address (P.O. Box Number is Not Acceptable) 8285 NAVARRE PARKWAY NAVARRE FL 32566 Zip Code 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE Addition Defete ☐ Change TUMAS, DONALD A NAME NAME STREET ADDRESS 2161 CALLE DE CASTELAR STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TIT! F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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.

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

STREET ADDRESS

A. TUMAS **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

FILED