

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 022 ****50.00

DOCUMENT # L04000013285
1. Entity Name BROKA HANDY MAN LLC

Principal Place of Business 749 SEMINOLE BLVD TARPON SPRINGS, FL 34689	Mailing Address 749 SEMINOLE BLVD TARPON SPRINGS, FL 34689
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
RIGAS, THEFILOS V 749 SEMINOLE BLVD TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

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	DATE
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when registering)	

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	TITLE	NAME
PRES	RIGAS, THEOFILOS V		
STREET ADDRESS	749 SEMINOLE BLVD		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	NAME		
SEC	RIGAS, SANDRA C		
STREET ADDRESS	749 SEMINOLE BLVD		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			

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: THEOFILOS V RIGAS	DATE	Daytime Phone #
Signature and typed or printed name of signing managing member, manager, or authorized representative	1/28/05	727-938-3999