2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 15, 2008 8:00 am Secretary of State **DOCUMENT # L04000014330** 1. Entity Name 05-15-2008 90073 015 ***138.75 HANDY HANDYMAN LLC Principal Place of Business Mailing Address 408 SW SHOREWOOD DR. 408 SW SHOREWOOD DR. **DUNNELLON, FL 34431** DUNNELLON, FL 34431 04212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DALY, KENNETH J. DO NOT WRITE 408 SW SHOREWOOD DR. **DUNNELLON, FL 34431** 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM DALY, KENNETH J MGRM MLE NAME 408 SW SHOREWOOD DR. STREET ADDRESS CITY-ST-ZIP **DUNNELLON, FL 34431** TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET MODRESS CITY-ST-ZIP 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: ZED REPRESENTATIVE

FILED