2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

04-19-2005 90020 047 ****55.00 DOCUMENT # L04000018614 1. Entity Name HILL'S HANDY SERVICES LLC 40037854 Principal Place of Business Mailing Address 130 AQUARIUS AVE SE 130 AQUARIUS AVE SE PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 CR2E083 (10/03) Chg-LLC 4. EI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name HILL, GRAHAM C Street Address (P.O. Box Number is Not Acceptable) 130 AQUARIUS AVE SE PALM BAY, FL 32909 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ē1 4 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM ☐ Delete TITLE Change Addition HILL, GRAHAM C NAME NAME 130 AQUARIUS AVE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP --- Change -- - - Addition 🖸 Delete 🖸 کائی دارات دی کائی TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 9 1 905 5 CITY-ST-ZIP 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 it 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 19, 2005 8:00 am Secretary of State