


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 012 ****50.00

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|---|---|--|---|--|---|
| DOCUMENT # L04000036378 | | | |  | |
| 1. Entity Name M.G. HANDYMAN L.L.C. | | | | | |
| Principal Place of Business 599 BAY GROVE RD FREEPORT, FL 32439 | | | Mailing Address 599 BAY GROVE RD FREEPORT, FL 32439 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01112007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 41-2137132 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GALLAGHER, MICHAEL J 335 WINSTON MANOR ROAD SANTA ROSA BEACH, FL 32459 | | | 7. Name and Address of New Registered Agent Name <u>Gallagher, Michael J</u> Street Address (P.O. Box Number is Not Acceptable) <u>599 Bay Grove Rd</u> City <u>Freeport</u> FL Zip Code <u>32439</u> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GALLAGHER, MICHAEL J 335 WINSTON MANOR ROAD SANTA ROSA BEACH, FL 32459 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Gallagher Michael J 599 Bay Grove Rd Freeport FL 32439 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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: <u>Michael J Gallagher</u> <u>Michael J Gallagher</u> | | | Date <u>1/17/07</u> | | Daytime Phone # <u>850-865-8268</u> |