

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000047398

1. Entity Name
MAC THE HANDYMAN LLC



Principal Place of Business
**3000 TALLAVANA TRAIL
HAVANA FL 32333**

Mailing Address
**3000 TALLAVANA TRAIL
HAVANA FL 32333**

2. Principal Place of Business
3000 Tallavana Tr
Suite, Apt. #, etc.
Havana FL
City & State

3. Mailing Address
3000 Tallavana Tr
Suite, Apt. #, etc.
Havana FL
City & State

Zip
32333 Country
Cuba

Zip
32333 Country
Cuba

6. Name and Address of Current Registered Agent
**MCDONALD, NEIL R
3000 TALLAVANA TRAIL
HAVANA FL 32333**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

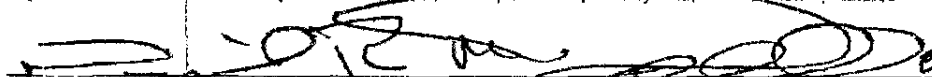
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when removing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, NEIL R 3000 TALLAVANA TRAIL HAVANA FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000402200 02/02/06-80077-009 50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 603, Florida Statutes.

SIGNATURE:  **01-24-06 850 539 0760**