## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 13, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Jul 13, 2006 08:00		
1. Entity Nam	MENT # L04000047 HE HANDYMAN LLC	701 :		S	Secretary of Sta	
Principal Place PO BOX 253: SARASOTA, F		Mailing Address PO BOX 25381 SARASOTA, FL 34277-2381			BBUK BURU JURU JEBU BRAK UNIKA AN JEBU	
DO NOT WRITE IN THIS SPA			CE	07072006 No Chg-LLC	CR2E083 (11/05)	
•				81-0669840  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent						
REHWINKEL, PETER A 2327 ROSELAWN CIRCLE SARASOTA, FL 34231				DO NOT WI		
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.						
ine configurors of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Registere	nd Agent signature required	when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 6, 2006 U00000569843					569843	
9.	· MANAGING MEMBER	RS/MANAGERS		######################################	SUULIUSTU SOU LIU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REHWINKEL, PETER A PO BOX 25381 SARASOTA, FL 342772381					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME Treet address			IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-718		. 1				

11. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this leport 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 frompany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Peter A. Rehwinkel

7.10.6

941.350.2538

Daytime Phone