
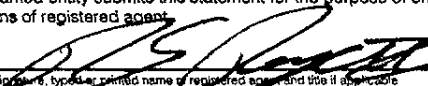
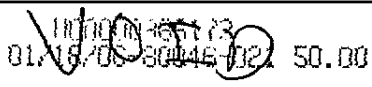



FILED
Jan 18, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # L04000056936 1. Entity Name PERFORMANCE HANDYMEN, L.L.C. | |  | | Jan 18, 2006 08:00 AM Secretary of State | |
| Principal Place of Business 204 IVY LANE SANTA ROSA BEACH, FL 32459 | | Mailing Address 204 IVY LANE SANTA ROSA BEACH, FL 32459 | |  | |
| DO NOT WRITE IN THIS SPACE | | | | 01102006No Chg-LLC CR2E083 (11/05) | |
| | | | | 4. FEI Number 11-3725631 | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAGE, R C II 204 IVY LN SANTA ROSA BEACH, FL 32459 | | | | DO NOT WRITE 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:  R.C. Page II 1-11-05 <small>Signature, typed or printed name of registered agent, and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | |  | |
| 9. MANAGING MEMBERS/MANAGERS | | | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | MGRM PAGE, R.C. II 204 IVY LANE SANTA ROSA BEACH, FL 32459 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | MGRM TIPTON, ERIC 225 DAWSON STREET SANTA ROSA BEACH, FL 32454 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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:  Eric Tipton | | | | 1-9-06 850-496-9600 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |