

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064211

FILED
May 04, 2006
Secretary of State

Entity Name: LIFT THOSE HANDS, LLC

Current Principal Place of Business:

P.O. BOX 46005
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 46005
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 20-1543591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKS-MITCHELL, DONNA M
9410 BLUEBIRD DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

HICKS-MITCHELL, DONNA M
16350 BRUCE B DOWNS BOULEVARD
46005
TAMPA, FL 33647 US

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.

SIGNATURE:

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKS-MITCHELL, DONNA M
Address: P.O. BOX 46005
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: MITCHELL, CLIFFORD D
Address: P.O. BOX 46005
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA HICKS-MITCHELL

PRES

05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date