

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068542

FILED  
Sep 08, 2005  
Secretary of State

Entity Name: TIMOTHY NORMAN HANDYMAN LLC

## Current Principal Place of Business:

41901 PINE VALLEY DR.  
PAISLEY, FL 32767

## New Principal Place of Business:

41929 PINE VALLEY DR.  
PAISLEY, FL 32767

## Current Mailing Address:

41901 PINE VALLEY DR.  
PAISLEY, FL 32767

## New Mailing Address:

41929 PINE VALLEY DR.  
PAISLEY, FL 32767

FEI Number: 11-3737067      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:

NORMAN, TIMOTHY A  
41901 PINE VALLEY DR  
PAISLEY, FL 32767      US

## Name and Address of New Registered Agent:

NORMAN, TIMOTHY A  
41929 PINE VALLEY DR.  
PAISLEY, FL 32767      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: TIMOTHY NORMAN

09/08/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: NORMAN, TIMOTHY A  
Address: 41901 PINE VALLEY  
City-St-Zip: PAISLEY, FL 32767 US

## ADDITIONS/CHANGES:

Title: PRES      (X) Change ( ) Addition  
Name: NORMAN, TIMOTHY A  
Address: 41929 PINE VALLEY DR.  
City-St-Zip: PAISLEY, FL 32767 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY NORMAN

PRES

09/08/2005

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