

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-02-2005 90005 014 ****55.00
03-17-2005 90135 026 ****50.00

DOCUMENT # L04000075672 1. Entity Name HANDYMANONCALLLLC					
Principal Place of Business 4161NORTHCONCORDDR HOUSE CRYSTALRIVER FL 34428			Mailing Address 4161NORTHCONCORDDR HOUSE CRYSTALRIVER FL 34428 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3799338 - E.I.N.	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARSHALL, JIM E MANAGER 4161NORTHCONCORDDR HOUSE CRYSTALRIVER FL 34428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when filing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, JIM E ETC		NAME		
STREET ADDRESS	4161NORTHCONCORDDR		STREET ADDRESS		
CITY-ST-ZIP	CRYSTALRIVER FL 34428		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP	CRYSTALRIVER FL 34428		CITY-ST-ZIP		
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STREET ADDRESS	4161NCONCORDDR		STREET ADDRESS		
CITY-ST-ZIP	CRYSTALRIVER FL 34428		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>James E Marshall</i>			Date: 7-29-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 352 795-2878		



ATTACHMENT

30010732

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

Fed.
TAX No. #

August 3, 2005

HANDYMANONCALLLLC
4161 NORTH CONCORD DR
HOUSE
CRYSTAL RIVER, FL 34428 US

EIN.

04-3799338



Subject: **HANDYMANONCALLLLC**

Reference Number: **L04000075672**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$105.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION