


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

1/ **Feb 15, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90004 023 \*\*\*\*50.00

<b>DOCUMENT # L04000092680</b>	
1. Entity Name <b>BAUMAN'S HANDYMAN SVCS. "L.L.C."</b>	

Principal Place of Business <b>1721 W. CHERYL DR. WINTER PARK, FL 32792 US</b>	Mailing Address <b>1721 W. CHERYL DR. WINTER PARK, FL 32792 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>11-3736865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAUMAN, CATHERINE A  
1721 W. CHERYL DR.  
WINTER PARK, FL 32792**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when withdrawing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BAUMAN, JACK W 1721 W. CHERYL DR. WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BAUMAN, CATHERINE A 1721 W. CHERYL DR. WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Catherine A. Bauman 213-06 467-6794375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT 30000559

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2006

BAUMAN'S HANDYMAN SVCS. "L.L.C."  
1721 W. CHERYL DR.  
WINTER PARK,, FL 32792 US

Subject: ~~BAUMAN'S HANDYMAN SVCS. "L.L.C."~~

Reference Number: L04000092680

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

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.

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ANNUAL REPORTS SECTION