

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009846

**FILED**  
**Jan 08, 2006**  
**Secretary of State**

**Entity Name:** JACK OF ALL TRADES HANDYMAN LLC

**Current Principal Place of Business:**

8303 SE. SANDY LANE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

3559 SW. SUNSET TRACE CIRCLE  
APT  
PALM CITY, FL 34990 US

**Current Mailing Address:**

8303 SE. SANDY LANE  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

3559 SW. SUNSET TRACE CIRCLE  
APT  
PALM CITY, FL 34990 US

**FEI Number:** 56-2498436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, DAVID W  
8303 SE. SANDY LANE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

SNYDER, DAVID W  
3559 SW. SUNSET TRACE CIRCLE  
PALM CITY, FL 34990 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:** DAVID SNYDER

01/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SNYDER, DAVID W  
**Address:** 8303 SE. SANDY LANE  
**City-St-Zip:** HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SNYDER, DAVID W  
**Address:** 3559 SW. SUNSET TRACE CIRCLE  
**City-St-Zip:** PALM CITY, FL 34990

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:** DAVID SNYDER

MANA

01/08/2006

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