

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043959

FILED
Apr 30, 2007
Secretary of State

Entity Name: RESIDENTIAL HANDYMAN, LLC

Current Principal Place of Business:

3620 GULF HARBOR CT
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3620 GULF HARBOR CT
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIEGAND, ROLLAND J
3620 GULF HARBOR CT
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

WIEGAND, ROLLAND J
3620 GULF HARBOR CT
BONITA SPRINGS, FL 34134 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: ROLLAND J. WIEGAND

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WIEGAND, ROLLAND J
Address: 3620 GULF HARBOR CT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: NORMADIN, CHAUNCEY
Address: 25716 STILL WAY PKWY
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WIEGAND, ROLLAND J
Address: 3620 GULF HARBOR CT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR (X) Change () Addition
Name: NORMANDIN, CHAUNCEY
Address: 25716 STILL WAY PKWY
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: ROLLAND J. WIEGAND

MGR

04/30/2007

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