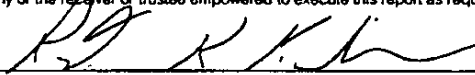


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-19-2006 90018 050 ****50.00

DOCUMENT # L05000046316																							
1. Entity Name HANDYMAN BOB LC																							
Principal Place of Business 8995 S.E. BAHAMA CIR HOBE SOUND, FL 33455 US		Mailing Address 8995 S.E. BAHAMA CIR HOBE SOUND, FL 33455 US																					
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent KILMER, ROBERT K 8995 S.E. BAHAMA CIR. HOBE SOUND, FL 33455		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
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 date if applicable. (NOTE: Registered Agent signature required when reinstating)																							
Filing Fee is \$50.00 Due by May 1, 2008.		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																					
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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 606, Florida Statutes.																							
SIGNATURE: 																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																							
Date																							
Daytime Phone #																							