


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000052379 1. Entity Name FB HANDYMAN, LLC					
Principal Place of Business 2316 PICCADILLY CIRCUS NAPLES, FL 34112 US			Mailing Address 2316 PICCADILLY CIRCUS NAPLES, FL 34112 US		
2. Principal Place of Business <i>2316 Piccadilly Circus</i>		3. Mailing Address <i>2316 Piccadilly Circus</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Naples FL</i>		City & State <i>Naples FL</i>		4. FEI Number 	
Zip <i>34112</i>		Country <i>COLLIER</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUNOLI, FRED 2316 PICCADILLY CIRCUS NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNOLI, FRED 2316 PICCADILLY CIRCUS NAPLES, FL 34112		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Fred J. Brunoli</i> 6-22-06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



06222006 Chg-LLC CR2E083 (11/05)