


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90043 049 \*\*\*\*50.00

<b>DOCUMENT # L05000090767</b>	
1. Entity Name <b>TIM E TYLER HANDYMAN LLC</b>	

Principal Place of Business <b>950 MOODY RD 110 N FT MYERS, FL 33903</b>	Mailing Address <b>950 MOODY RD 110 N FT MYERS, FL 33903</b>
---	---

2. Principal Place of Business <b>950 Moody Rd.</b>	3. Mailing Address <b>950 Moody Rd.</b>
Suite, Apt. #, etc. <b>Unit 110</b>	Suite, Apt. #, etc. <b>Unit 110</b>

City & State <b>North Fort Myers FL.</b>	City & State <b>North Fort Myers FL.</b>
Zip <b>33903</b>	Zip <b>33903</b>
Country <b>USA</b>	Country <b>U.S.A</b>

05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>54-2186190</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 <b>TYLER, TIM E 950 MOODY RD 110 N FT MYERS, FL 33903</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>Tim E Tyler</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>950 Moody Road Unit #110</b>	
City <b>North Fort Myers</b>	FL Zip Code <b>33903</b>

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 <b>Tim E Tyler</b>	DATE <b>9-6-06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYLER, TIM E 950 MOODY RD 110 N FT MYERS, FL 33903 <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"/> 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"/> 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"/> 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"/> 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"/> Delete	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: <b>Tim E. Tyler</b>	<b>Tim E. Tyler</b>	<b>9-6-06</b>	<b>239-738-6025</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #