2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

FILED Feb 06, 2008 08:00 AN DOCUMENT # L05000093103 1. Entity Name **Secretary of State** HANDYMAN FENCE COMPANY, LLC Principal Place of Business Mailing Address 1314 SEARING STREET 1314 SEARING STREET STARKE FL 32091 STARKE FL 32091 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-3514479 Not Applicable Zip Country Zio Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDISH, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 1314 SEARING STREET STARKE FL 32091 City 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, typedial connect hair erof registered agent and attentiops scape (NOTE: Registered Agent's griptore reguled when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change C:IIbbA [NAME REDDISH, THOMAS A NAME STREET ADDRESS 1314 SEARING STREET STREET ADDRESS CITY-ST-7IP STARKE FL 32091 CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition Unnnnneteege NAME NAME 02/14/08-80059-022 138.75 STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-Z:P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP City-St-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE Delete TITLE ☐ Change Modified I MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP THILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE