

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115016

**FILED**  
**Jul 06, 2006**  
**Secretary of State**

**Entity Name:** HANDY JOHN LLC

**Current Principal Place of Business:**

1450 N WICKHAM RD  
STE 6017  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2275 SHUTTLE CT  
104  
W MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 20-3889610      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POCARELLI, JOHN  
2275 SHUTTLE CT  
104  
W MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

PICARELLI, JOHN  
2275 SHUTTLE CT  
104  
W MELBOURNE, FL 32904 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: JOHN PICARELLI

07/06/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PICARELLI, JOHN  
Address: 2275 SHUTTLE CT 104  
City-St-Zip: W MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PICARELLI, JOHN  
Address: 2275 SHUTTLE CT 104  
City-St-Zip: W MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN PICARELLI

MGR

07/06/2006

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