

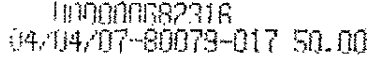


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000121926 1. Entity Name C & D HANDYMAN, L.L.C.			
Principal Place of Business 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991		Mailing Address 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991	
DO NOT WRITE IN THIS SPACE			
		03132007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 59-3828599	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DARLING, DALE 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARLING, DALE 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARLING, CAROLYN 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Fale P. Fackley</i>		3/13/07 282 1444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	