

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001692

Entity Name: A HANDY COUPLE, LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

1567 BELLA CRUZ DRIVE #152
LADY LAKE, FL 32159

New Principal Place of Business:

1576 BELLA CRUZ DRIVE #152
LADY LAKE, FL 32159

Current Mailing Address:

1567 BELLA CRUZ DRIVE #152
LADY LAKE, FL 32159

New Mailing Address:

1576 BELLA CRUZ DRIVE #152
LADY LAKE, FL 32159

FEI Number: 20-4112691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM
13710 US HWY 441 SUITE 100
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARROW, JAMES A
Address: 1567 BELLA CRUZ DRIVE #152
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM () Delete
Name: FARROW, ROXANNE M
Address: 1567 BELLA CRUZ DRIVE #152
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARROW, JAMES A
Address: 1576 BELLA CRUZ DRIVE #152
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM (X) Change () Addition
Name: FARROW, ROXANNE M
Address: 1576 BELLA CRUZ DRIVE #152
City-St-Zip: LADY LAKE, FL 32159

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: THE MILLHORN LAW FIRM

RA

02/16/2007

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