


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90349 006 \*\*\*\*50.00

DOCUMENT # L06000016178					
1. Entity Name HANDITRAY, LLC					
Principal Place of Business 18 RIO VISTA TEQUESTA, FL 33469			Mailing Address 18 RIO VISTA TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 18 Rio Vista Dr.		3. Mailing Address 18 Rio Vista Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tequesta, FL		City & State Tequesta, FL		4. FEI Number 20-4440396	
Zip 33469		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD SUITE 21 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, THEODORE E 18 RIO VISTA TEQUESTA, FL 33469	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, EDWIN A 18 RIO VISTA TEQUESTA, FL 33469	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGR Jonathan Davis 18 Rio Vista Dr. Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>THEODORE E. DAVIS</u> 4-24-2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					