2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-13-2007 90034 017 ****50.00

DOCUMENT # L06000051114

1. Entity Name
MICHAEL JAMES HANDYMAN SERVICES, LLC

Principal Place of Business	Mailing Address
~~585 LAKELAND AVENUE~~	~~585 LAKELAND AVENUE~~
~~NAPLES, FL 34110~~	~~NAPLES, FL 34110~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
147 2nd Street	147 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, Fl	City & State: Bonita Springs Fl
Zip: 34134 Country:	Zip: 34134 Country:

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4888769 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OVERMYER, JAMES M ~~585 LAKELAND AVENUE~~ ~~NAPLES, FL 34110~~	Name: Street Address (P.O. Box Number is Not Acceptable): 147 2nd Street City: Bonita Springs FL Zip Code: 34134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OVERMYER, JAMES M	NAME	
STREET ADDRESS	~~585 LAKELAND AVENUE~~ 147 2nd Street	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES, FL 34110~~ Bonita Spr. Fl 34134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/11/07 239-913-7813
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

5/1/07