
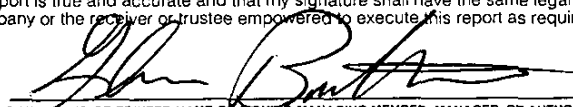


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000086877</b> 1. Entity Name <b>GLENN BRITTON HANDYMAN LLC</b>						07 MAY -2 2011:55 STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4425 FARLEY LANE TALLAHASSEE, FL 32310</b>				Mailing Address <b>4425 FARLEY LANE TALLAHASSEE, FL 32310</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address <span style="float: right;">BK</span>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>BRITTON, GLENN 4425 FARLEY LANE TALLAHASSEE, FL 32310</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<span style="font-size: 2em;">BK</span>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRITTON, GLENN 4425 FARLEY LANE TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>500101970565</b>  <b>05/09/07--01044--021 **50.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.							
<b>SIGNATURE:</b> 				Date <span style="font-size: 1.5em;">May 1 2007</span> Daytime Phone # <span style="font-size: 1.5em;">(850) 443-8961</span>			
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)							