2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State
08-20-2007 90182 019 ****55.00

DOCUMENT # L06000091724

1. Entity Name
ROBERT TURNBURKE HANDYMAN SERVICE, L.L.C.

Principal Place of Business	Mailing Address
~~1708 LAURIE LANE~~ R.M.T. ~~CLEARWATER, FL 33756~~ See below	~~1708 LAURIE LANE~~ R.M.T. ~~CLEARWATER, FL 33756~~ SEE below

08102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
27542 LIME AVE		27542 LIME AVE	
Suite, Apt. #, etc.: NA.		Suite, Apt. #, etc.: N. A.	
City & State: YALAHA, FL.		City & State: YALAHA, FL.	
Zip: 34797	Country: U.S.A.	Zip: 34797	Country: U.S.A.

4. FEI Number: 65-1295315 ☐ 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
TURNBURKE, ROBERT M ~~1708 LAURIE LANE~~ ~~CLEARWATER, FL 33756~~ R.M.T. see below	Name: Robert M. Turnburke Street Address (P.O. Box Number is Not Acceptable): 27542 Lime Ave City: YALAHA FL Zip Code: 34797

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] Robert M. Turnburke MGR. 08-07-07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNBURKE, ROBERT M ~~1708 LAURIE LANE~~ R.M.T. ~~CLEARWATER, FL 33756~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R TURNBURKE, Robert M. 27542 LIME AVE YALAHA, FL. 34797	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 08-07-07 (727) 422-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #