## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

| DOCUMENT # L06000101275  1. Entity Name HANDYMAN LEE LLC   |                     |                        |  |                        |  |                     | 05-07-2007 90372 037 ****50.00        |  |                              |  |
|--|---------------------|------------------------|--|------------------------|--|---------------------|---------------------------------------|--|------------------------------|--|
| Principal Place of Business  |                     |                        | Mailing Address                            |                        |  |                     |                                       |  |                              |  |
| 6770 EAST BAY BLVD<br>Navarre, Fl. 32566   |                     |                        | 6770 EAST BAY BLVD<br>Navarre, Fl 32566 US |                        |  |                     |                                       |  |                              |  |
| 14174412 12 32333  |                     |                        | INTERNAL, IL JESSO                         | UJ                     |  | t ( <b>987</b> 0) ( | KI SENG ENN BEM JOM BEN               | h eilin gana mark nim mark:            | 1723f m (201                 |  |
| 2. Principal Place of Business - No P.O. Box #   |                     |                        | 3. Mailing Address                         |                        |  |                     |                                       |  |                              |  |
| Suite, Apt. #, etc.  |                     |                        | Suite, Apt. #, etc.                        |                        |  | 04162007            | Chg-LLC                               | CR2E083 (12/06                         | )                            |  |
| City & State   |                     |                        | City & State                               |                        |  | 4. FEI Num          | °°70-038€                             | ////////////////////////////////////// | pplied For<br>lot Applicable |  |
| Zip  | Country             |                        | Zip  | Country                |  | 5. Certificat       | e of Status Desired                   | S5.00 Ac                               | Iditional                    |  |
|  | 6. Name             | and Address of Current | Registered Agent                           |                        | <u> </u>   | 7. Name an          | d Address of New Re                   | egistered Agent                        |                              |  |
| LEE, DAVID M   |                     |                        |  |                        | Name   |                     |                                       |  |                              |  |
| 6770 EAST BAY BLVD<br>NAVARRE, FLORIDA, FL 32566   |                     |                        |  |                        | Street Address (P.O. Box Number is Not Acceptable) |                     |                                       |  |                              |  |
|  |                     |                        |  |                        | City   | ·                   |                                       | <b>E</b> ∎ Zip Co                      | 10                           |  |
| 9. The above correct entity submits this statement for the survey of above in its  |                     |                        |  |                        | <u></u>  | FL                  |                                       |  |                              |  |
| 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<br>Due by May 1, 2007  |                     |                        |  |                        |  |                     |                                       | check payable to<br>Department of Sta  | te                           |  |
| 9.   |                     | MANAGING MEMBE         | S/MANAGERS 10.                             |                        |  |                     | ADDITIONS/                            | CHANGES                                |                              |  |
| TITLE<br>NAME  | MGR<br>LEE, DAVID M |                        | □ Delete TITLE                             |                        | - 1  |                     |                                       | ☐ Change                               | ☐ Addition                   |  |
| STREET ADDRESS   | 6770 EAS            | T BAY BLVD             | STREE                                      |                        | ET ADDRESS   |                     |                                       |  |                              |  |
| CITY-ST-ZIP  | NAVARRE             | FL 32566               |  |                        | -ST-ZIP  |                     |                                       |  |                              |  |
| TITLE<br>Name  | ☐ Delete            |                        |  | MAX                    | ı  |                     |                                       | Change                                 | Addition                     |  |
| STREET ADDRESS   | 3                   |                        | STREE                                      |                        | ET ADDRESS   |                     |                                       |  |                              |  |
| CITY-ST-ZIP  |                     |                        |  |                        | -ST-ZTP  |                     |                                       |  |                              |  |
| TITLE<br>NAME  | ☐ Delete            |                        |  | TITLE                  |  |                     |                                       | Change                                 | Addition                     |  |
| STREET ADDRESS   |                     |                        |  |                        | ET ADDRESS   |                     |                                       |  |                              |  |
| CITY-ST-ZIP  |                     |                        | Пъ-  |                        | -ST-ZIP  |                     |                                       | ☐ Change                               | C addison                    |  |
| NAME   |                     |                        | ☐ Delete                                   | NAM.                   |  |                     |                                       |  | Addition                     |  |
| STREET ADDRESS   |                     |                        |  |                        | ET ADDRESS   |                     |                                       |  |                              |  |
| CITY-ST-ZIP  |                     |                        | □ Dateto                                   | TITLE                  | -ST-ZIP  |                     | · · · · · · · · · · · · · · · · · · · | ☐ Change                               | ☐ Addition                   |  |
| NAME   | ☐ Delete            |                        |  | NAM                    |  |                     |                                       | □ cuange                               | Adjuition                    |  |
| STREET ADDRESS CITY-ST-ZIP   |                     |                        |  |                        | et address<br>-st-zip                              |                     |                                       |  |                              |  |
| TITLE  | <u> </u>            |                        | □ Delete                                   | TITLE                  |  |                     |                                       | ☐ Change                               | ☐ Addition                   |  |
| NAME   | IAME                |                        | NAME                                       |                        | E  |                     |                                       |  |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                     |                        |  | ET ADDRESS<br>- 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 regerver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                     |                        |  |                        |  |                     |                                       |  |                              |  |