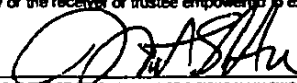


05-16-2008 90186 004 \*\*\*138.75

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L07000033613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |         |         |
| 1. Entity Name<br><b>RIGHT HAND MAN LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | 05-16-2008 90186 004 ***138.75                                                           |         |
| Principal Place of Business<br><b>1831 MIZELL AVE.<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |         | Mailing Address<br><b>P.O. BOX 5187<br/>WINTER PARK, FL 32793</b>                        |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | 3. Mailing Address                                                                       |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Suite, Apt. #, etc.                                                                      |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | City & State                                                                             |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country | Zip                                                                                      | Country |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Applied For<br><input checked="" type="checkbox"/> Not Applicable                        |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | \$5.00 Additional Fee Required                                                           |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | 7. Name and Address of New Registered Agent                                              |         |
| <b>SHULMAN, MITCHELL C<br/>1831 MIZELL AVE.<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | DATE                                                                                     |         |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                            |         | (NOTE: Registered Agent signature required when reappointing)                            |         |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Make check payable to<br>Florida Department of State                                     |         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 10. ADDITIONS/CHANGES                                                                    |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                         |         |
| <b>MGR<br/>SHULMAN, MITCHELL C<br/>1831 MIZELL AVE.<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| <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 806, Florida Statutes. |         |                                                                                          |         |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |         | Date: <b>4-25-08</b> 3219925608                                                          |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |         | Date                                                                                     |         |