FILED
Apr 29, 2008 8:00 am
Secretary of State
03-19-2008 90149 001 ***138.75

30005163

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000085170

1. Entity Name
REALLY HANDY/HANDYMAN SERVICES " LLC"

| Principal Place of Business | Mailing Address |
|---|---|
| 20 MILTON RD.<br>PENSACOLA, FL 32507 ES | 20 MILTON RD.<br>PENSACOLA, FL 32507 ES |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 9235 Pine Forest Rd | 9235 Pine Forest Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pensacola Fl | City & State: Pensacola Fl |
| Zip: 32534 / Country | Zip: 32534 / Country |

03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number — Applied For / [X] 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 |
|---|---|
| WHITE, EDWIN JR.<br>20 MILTON RD.<br>PENSACOLA, FL., FL 32507 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGR [ ] Delete | TITLE | MGR [X] Change [ ] Addition |
| NAME | WHITE, ED | NAME | WHITE, ED |
| STREET ADDRESS | 20 MILTON RD. | STREET ADDRESS | 9235 Pine Forest Rd |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | CITY-ST-ZIP | Pensacola Fl 32534 |
| 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.

850-602
3-16-08. 1578

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #