File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 12 PH 2: 01 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 SECKETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # 194000000624** 1a. Principal Place of Business Address AFFORDABLE HANDYMAN SERVICE, L.C. 3910 SE 20 PLACE 3910 SE 20 PLACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/15/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žφ Country \$8.75 Additional Fee Required 03/05/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SYLVA, JUDY 3910 SE 20 PLACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 Suite Apt #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE TAC (Registered Agent Accepting Appendix only (NOTE Registered Agent squarturing place when teach though 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM ROHLEDER, HARALD W KIRZINGER STR 21, D-86991 DIESSEN A.A. GERMANY 3910 S.E. 20TH PLACE MEM SYLVIA, MARK CAPE CORAL FL educación de POSCE - --- na724799--- n1074--- 811 ****188.75 ****188.75 11. \$ Jo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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; and that my name appears in Block 10, or on an attachment with an address

М. СЕ ОКЪЉА MANACILII МЕМВЕ В ОН МАЧАНЕ В

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