

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90343 001 ****50.00

DOCUMENT # L05000081262

1. Entity Name
NEW HORIZON DEVELOPMENT LLC



Principal Place of Business
**3086 DONATO DRIVE NORTH
JACKSONVILLE, FL 32226**

Mailing Address
**3086 DONATO DRIVE NORTH
JACKSONVILLE, FL 32226**

40097500

2. Principal Place of Business - No P.O. Box #
9940 ATLANTIC BLVD

3. Mailing Address
9940 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State
JAX, FL

City & State
JAX, FL

Zip
32225

Country
DUVAL

Zip
32225

Country
DUVAL

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3316748

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHAH, KUMAR
3086 DONATO DRIVE NORTH
JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

Name
Kumar Shah

Street Address (P.O. Box Number is Not Acceptable)
9940 ATLANTIC BLVD

City
JAX

FL Zip Code
32225

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 **Kumar Shah MGR** DATE **4/30/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAH, KUMAR 3086 DONATO DRIVE NORTH JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAH, KAUSHAL 3086 DONATO DRIVE NORTH JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 608, Florida Statutes.

SIGNATURE: **Kumar Shah, MGR** Date **4-30-07** Daytime Phone # **904-721-6192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE