

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001768

Entity Name: HORNE REAL ESTATE, LLC

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

412 NORTH CEDAR BLUFF ROAD
SUITE 205
KNOXVILLE, TN 37923 US

New Principal Place of Business:

412 NORTH CEDAR BLUFF ROAD
SUITE 205
KNOXVILLE, TN 379233609 US

Current Mailing Address:

412 NORTH CEDAR BLUFF ROAD
SUITE 205
KNOXVILLE, TN 379233609 US

New Mailing Address:

FEI Number: 62-1584397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORNE, DOUGLAS A
Address: 412 NORTH CEDAR BLUFF ROAD, SUITE 205
City-St-Zip: KNOXVILLE, TN 379233609 US

Title: MGR () Delete
Name: WHEELER, THOMAS C
Address: 412 NORTH CEDAR BLUFF ROAD, SUITE 205
City-St-Zip: KNOXVILLE, TN 379233609 US

Title: MGR () Delete
Name: MYER, CHRISTINA G
Address: 412 NORTH CEDAR BLUFF ROAD, SUITE 205
City-St-Zip: KNOXVILLE, TN 379233609 US

Title: MGRM () Delete
Name: HORNE, BROOK D
Address: 412 NORTH CEDAR BLUFF ROAD, SUITE 205
City-St-Zip: KNOXVILLE, TN 379233609 US

Title: MGR () Delete
Name: JOHNSON, KIMBERLY V
Address: 412 NORTH CEDAR BLUFF ROAD, SUITE 205
City-St-Zip: KNOXVILLE, TN 379233609 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA G. MYER

MGR

04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date