


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 042 ****50.00

DOCUMENT # L05000094089

1. Entity Name
 3110 HORATIO, LLC



Principal Place of Business *403 N. Howard Ave.*
~~2101 WEST PLATT STREET~~
 SUITE 200
 TAMPA, FL 33606 US

Mailing Address *403 N. Howard Ave.*
~~2101 WEST PLATT STREET~~
 SUITE 200
 TAMPA, FL 33606 US

DO NOT WRITE IN THIS SPACE

60050009



04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3537472	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN H. RAINS III, P.A.
 501 EAST KENNEDY BOULEVARD
 SUITE 750
 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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.

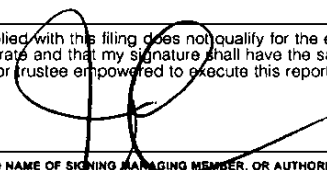
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUM, JOHN <i>403 N. Howard Ave.</i> 2101 WEST PLATT STREET, SUITE 200 <i>Ste 200</i> TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM <i>403 N. Howard Ave.</i> 2101 WEST PLATT STREET, SUITE 200 <i>Ste 200</i> TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **4/27/07** **(813) 258-5478**

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