


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

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|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L00000003149 1. Entity Name NEW HORIZONS, LLC |  |
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| Principal Place of Business X GAINESVILLE, FL 32601 | Mailing Address 114 SE 1ST ST STE 9 GAINESVILLE, FL 32601 |
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01082007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-3636544 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BATSEL, ROBERT W 2337 E SILVER SPRINGS BLVD OCALA, FL 34470 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 | MBR SCHEEL, WILLIAM B 4589 ORTEGA BLVD JACKSONVILLE, FL 3210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCCOY, GEORGE R 1331 SE 5TH ST OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SAIL, LOUIS 9959 CIDER KEG CT JACKSONVILLE, FL 32256 |
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| <p>U000000579823 01/10/07-80022-016 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **1/8/07 904 910 9897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #