

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009584

Entity Name: HOROZPACK, L.C.

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

1319 WEAVER DR.
COLUMBIA, MO 65203

New Principal Place of Business:

Current Mailing Address:

1319 WEAVER DR.
COLUMBIA, MO 65203

New Mailing Address:

FEI Number: 65-1032083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES, FL 33134 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: PD () Delete
Name: OROZCO, HENRY
Address: 1319 WEAVER DR.
City-St-Zip: COLUMBIA, MO 65203

Title: VP () Delete
Name: HENRY FABIAN OROZCO,
Address: 2205 SEASIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: OROZCO, KAREN
Address: 1319 WEAVER DR.
City-St-Zip: COLUMBIA, MO 65203

Title: T () Delete
Name: LUZ DARY PAYA,
Address: 1319 WEAVER DR.
City-St-Zip: COLUMBIA, MO 65203

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY OROZCO

PD

02/05/2006

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