


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90808 018 \*\*\*\*50.00

<b>DOCUMENT # L00000016051</b> 1. Entity Name ULTIMATE HORIZONS, LLC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7213 EMERALD HEATH RD Suite, Apt. #, etc.	3. Mailing Address 7213 EMERALD HEATH RD Suite, Apt. #, etc.
City & State POWELL TN	City & State POWELL TN
Zip 37849	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 651064614 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent Name A1A REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE SUITE 1036 City MIAMI FL Zip Code 33131	

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 PAUL SMITH, Vice-President 03-25-03  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME MMGR VINCENT, MARY E STREET ADDRESS 7213 EMERALD HEATH RD CITY-ST-ZIP POWELL TN 37849	DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARY E VINCENT, MMGR 2/11/03 (865) 938-2578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)