2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90004 020 ****50.00

DOCUMENT # L01000000802

1. Entity Name
HORIZON SARASOTA MANAGEMENT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
7780 MIDNIGHT PASS RD SARASOTA FL 34242	6547 MIDNIGHT PASS RD #19 SARASOTA FL 34103

2. Principal Place of Business	3. Mailing Address
	6547 Midnight Pass Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #19
City & State	City & State Sarasota, Fl
Zip / Country	Zip 34242 / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1076843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COX, JOE B 3001 TAMIAMI TRAIL NORTH SUITE 100 NAPLES FL 34103	Joe B. Cox, c/o Cox & Nici 1185 Immokalee Road, Suite 110 Naples, FL 34110 FL Zip Code

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] 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $50.00~~
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWALM, D. CLARK JR. 2509 CASEY KEY ROAD NOKOMIS FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWALM, NICOLE 2509 CASEY KEY ROAD NOKOMIS FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED [signature] 1/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #