

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90687 032 \*\*\*\*50.00

**DOCUMENT # L01000010633**

1. Entity Name

**THE HORN, LLC**



Principal Place of Business

Mailing Address

**6900 SOUTHPOINT DRIVE NORTH, STE. 250  
JACKSONVILLE FL 32216**

**6900 SOUTHPOINT DRIVE NORTH, STE. 250  
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3731115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SANKERS, GUS  
6900 SOUTHPOINT DRIVE NORTH, STE. 250  
JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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, 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 **MGR** ☐ Delete  
NAME **THE HORN MANAGER, LLC**  
STREET ADDRESS **6900 SOUTHPOINT DRIVE NORTH, STE. 250**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Joseph R. Kornides*

**Joseph R. Kornides**

**Controller 4/30/03 703.506.1006**

CR2E083 (10/02)