2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000018246

1. Entity Name
HORTON HOLDINGS, LLC

Principal Place of Business	Mailing Address
6020 ADAMO DRIVE	6020 ADAMO DRIVE
TAMPA, FL 33619	TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3750723	Not Applicable

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

6. Name and Address of Current Registered Agent

HORTON, OSCAR J
6020 ADAMO DRIVE
TAMPA, FL 33619

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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

U00000728871
05/08/07-80012-043 220.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	ST	
NAME	HOCKEMEYER, KATHY	
STREET ADDRESS	6020 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	P	
NAME	HORTON, OSCAR	
STREET ADDRESS	6020 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

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: _Barbara Crow_   4-17-07   813-621-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #