

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000677

FILED
Jan 10, 2006
Secretary of State

Entity Name: NEW HORIZONS GROUP, LLC

Current Principal Place of Business:

301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 03-0434293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLES, DERICK M
301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 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: MGRM () Delete
Name: COLES, DERICK M
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR (X) Delete
Name: SCHIPPER, JAMES R
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR (X) Delete
Name: MILLER, MARK J
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232 US

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:

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: JIM SCHIPPER

CFO

01/10/2006

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