

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 017 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000020577			
1. Entity Name NEW HORIZONS OF ORLANDO, LLC			
Principal Place of Business 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836		Mailing Address 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836	
2. Principal Place of Business 9228 Southern Breeze Dr		3. Mailing Address 9228 Southern Breeze Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32836		Zip 32836	
Country USA		Country USA	
4. FFI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, SANJEEV 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Singh, Sanjeev Street Address (P.O. Box Number is Not Acceptable) 9228 Southern Breeze Dr City Orlando FL Zip Code 32836	
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 <i>Sanjeev Singh</i> (NOTE: Registered agent signature required when terminating) DATE 4/26/04			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, SURABHI S 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, SURABHI S 9228 Southern Breeze Dr Orlando FL 32836 ☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Surabhi Singh</i> DATE 4/26/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #			

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