

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006650

Entity Name: HORIZONS DISTRIBUTION LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

7757 W. FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

7757 W. FLAGLER STREET
MIAMI, FL 33144

New Principal Place of Business:

400 NORTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324

New Mailing Address:

400 NORTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324

FEI Number: 27-0048768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: BONWITT, GIL MGR
Address: 7757 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: SCHECK, JEFFEY
Address: 400 N. PINE ISLAND ROAD, #300
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BONWITT, GIL MGR
Address: 400 NORTH PINE ISLAND ROAD, SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Change () Addition
Name: SCHECK, JEFFREY
Address: 400 N. PINE ISLAND ROAD, #300
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY SCHECK

MGR

04/17/2008

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