

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009074

1. Entity Name
EXPANDED HORIZONS, LLC



FILED

06 SEP -7 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1607 GLENWAY DRIVE
TALLAHASSEE, FL 32301

Mailing Address
1607 GLENWAY DRIVE
TALLAHASSEE, FL 32301

BK

2. Principal Place of Business

2606 NOBLE DR.

Suite, Apt. #, etc.

3. Mailing Address

2606 NOBLE DR

Suite, Apt. #, etc.

09012006 Chg-LLC CR2E083 (11/05)

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

83-0353905

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, SPENCER
118 SALEM CT.
TALLAHASSEE, FL 32301

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS EARL, JOSHUA
CITY-ST-ZIP 1607 GLENWAY DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME MGRM
STREET ADDRESS EARL, JOSHUA
CITY-ST-ZIP 2606 NOBLE DR.
TALLAHASSEE, FL 32308

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

JOSHUA S. EARL

9.7.06

850-915-2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #