


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90197 001 \*\*\*\*50.00

<b>DOCUMENT # L03000018708</b> 1. Entity Name <b>HOREH, LLC</b>					
Principal Place of Business <b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>			Mailing Address <b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>		
2. Principal Place of Business - No P.O. Box # <b>250 Canterwood Lane</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>SAME AS 2</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Mulberry, FL</b>		City & State <b>Mulberry, FL</b>		01132007 Chg-LLC CR2E083 (12/06)	
Zip <b>33860</b>		Country <b>USA</b>		4. FEI Number <b>02-0697142</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REHBERG, JAMES H 6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent  <b>NEW ADDRESS James H. Rehberg 250 Canterwood Lane Mulberry, FL 33860</b>		
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 <u><i>James H. Rehberg</i></u> DATE <u>2/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REHBERG, JAMES H 6802 SHIMMERING DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Canterwood Lane Mulberry, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR HOFFMAN, L.K. P.O. BOX 7357 LAKELAND, FL 33807		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>James H. Rehberg</i></u> <u>2/14/07</u> <u>863-646-8450</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					