

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025765

FILED
Apr 29, 2004
Secretary of State

Entity Name: NEW HORIZONS, L.L.C.

Current Principal Place of Business:

16405 S.W. 73RD LANE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

16405 S.W. 73RD LANE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 41-2105959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARINAS, BRENDA G
16405 S.W. 73RD LANE
MIAMI, FL 33193

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/MEMBERS:

Title: MGRM () Delete
Name: FARINAS, BRENDA G
Address: 16405 S.W. 73RD LANE
City-St-Zip: MIAMI, FL 33193

Title: CEO () Delete
Name: FARINAS, BRENDA G
Address: 16405 S.W. 73RD LANE
City-St-Zip: MIAMI, FL 33193

Title: PVST () Delete
Name: FARINAS, BRENDA G
Address: 16405 S.W. 73RD LANE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FARINAS, BRENDA G
Address: 16405 S.W. 73RD LANE
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Change () Addition
Name: FARINAS, BRENDA G
Address: 16405 S.W. 73RD LANE
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA G FARINAS

MGRM

04/29/2004

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