## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## **FILED** Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # L03000030763 1. Entity Name HORTON GLOBAL STRATEGIES, LLC Principal Place of Business Mailing Address 1168 NE 101 STREET 1168 NE 101 STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 90-0103363 Not Applicable Zip Country Country \$5.00 Additional 5. Cartificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORTON, STEVE 1168 NE 101 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 Zip Ccde City 8. The above named entity submits to a state plent 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, types or brinted harreloting stend agent and the 4 applicable (NOTE, Registered) Agent signature required when reinstraings FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THUE MGR ☐ Delete TIT: F ☐ Change ☐ Addition HORTON, STEVE NAME STREET ADDRESS 1168 NE 101 STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-Z:P U00000830323 □ Change [ 02/26/08-80073-030 138.75 TATLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P TITLE ☐ Defete Title Change Addition NAME DAME. STREET ADDRESS STREET ACOFESS CITY-ST-7IP CITY-ST-Z:P THILE ☐ Addition ☐ Delete TiTi F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-Z:P TOTALE ☐ Delete HHE ☐ Channe ■ Addition MAKE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this firing does not qualify for the exemptions contained in Section 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.

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

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