## FILED May 07, 2004 8:00 am

2004	LIMITED	LIABILITY	COMPANY
	ANNUAL	. REPORT	(AR) 😽

DOCUMENT # L03000037676  1. Entity Name  A NEW HORIZON, L.L.C.				Secretary of State 04-08-2004 90274 016 **** 50.00					
6.5		54-Tr - 5 14							
Principal Place of Business Mailing Address  5219 CAPE LEYTE 5219 CAPE LEYTE						v		-	
SARASOTA		SARASOTA FL 34242							
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Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		МООР	RE CR2E08:	3 (11/03)			
City & State		City & State		4. FEI Number		<b>F-34</b>	plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered /	\gent		
				Name					
WATTS, DANA J.ESO 1620 MAIN STREET, STE. ONE SARASOTA FL 34236					-Street Address (P.O. Box Number is Not Acceptable)				
3	V.00 17 ( 1 E 0 1 E 0 0								
ų.				City '		FL	Zip Code	e ·	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or both, in the S	State of Florida. I am i	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and this discolaration (APCI)	E Banatara	d Agent signature required	Sudan repetations	. DATE			
· · · · · · · · · · · · · · · · · · ·	Squares, typica or printed fields or required agent	- Period Company	Sec. 15.	THE THE STATE OF T	The state of the s	· pare		,	
		Make Check Payab	le to Fi	FEE IS \$50.00, orida Departme By 1, 2004	nt of State	-			
9.	MANAGING MEMBI	The state of the s	10.	er war der de Palante	ΑΓ	DDITIONS/CHANGES			
TITLE	MGR	Delete	TITL	E			☐ Change	☐ Addition	
NAME	JOHNS, PATRICIA	1-	NAM					-	
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34242			EET ADORESS - -St-zip					
TITLE		- MGR. □ Delete	uu.	E			☐ Change	Addition	
NAME	4604 Baycedar	ant	NAN						
STREET ADDRESS - CITY-ST-ZIP		34241	- 1	EFT ADDRESS '-ST-ZIP	•			_	
MILE	Java Joja / torina	☐ Oelete	TITL	Ε .			☐ Change	Addition	
NAME CIDEST ADDRESS			- NAA	1					
- CITY-ST-ZIP -		_ · · · · · · · · · · · · · · · · · · ·		EET ADDRESS  - /-st-zip	-			-	
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NAME CTOSET ADDRESS	•		NAA	ŧ					
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS :					
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NAME			NAR	AE .			-	-	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
	certify that the information supplied wit	h this filing does not qualify to			ection 119 07/31/i) Florida	Statidae I further co	rtily that the i	nformation	
Indicated	dentity that the information sopplied will find this report is true and accurate and ability company or the receiver or truste	that my signature shall have	the sam	ie legal effect as if i	made under oath; that I a oter 608, Florida Statutes,	m a managing memb	er or manag	er of the	