

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041027

1. Entity Name
HORUS INVESTMENTS, L.L.C.



Principal Place of Business
5628 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
5628 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

2. Principal Place of Business
6527 Central Avenue
Suite, Apt. #, etc.

3. Mailing Address
6527 Central Avenue
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip 33710 Country Pinellas

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St. Petersburg, FL
Zip 33710 Country Pinellas

09292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0285627
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANAI, HISHAM
5628 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6527 Central Avenue
City St. Petersburg FL Zip Code 33710

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 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HANAI, HISHAM
STREET ADDRESS 5628 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 6527 Central Avenue
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/1/04 727-344-2681