

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054382

1. Entity Name
BISHOP DUNCAN INVESTMENTS, LLC



Principal Place of Business
**1321 EDGEWATER DR.
SUITE 2
ORLANDO, FL 32804 US**

Mailing Address
**1321 EDGEWATER DR.
SUITE 2
ORLANDO, FL 32804 US**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1653156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, WILLIAM D III
1321 EDGEWATER DR.
SUITE 2
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM D. BISHOP III REVOCABLE TRUST 1321 EDGEWATER DR., SUITE 2 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCAN, ROBERT W 1321 EDGEWATER DR., SUITE 2 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORIZON INVESTMENT COMPANY OF FL, LLC 1321 EDGEWATER DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/07-80054-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

12/24/07 (407) 426-7702

Daytime Phone #