

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000024388

1. Entity Name
HORSLEY INVESTMENT GROUP, LLC



Principal Place of Business

**11807 S.W. 48TH COURT
COOPER CITY, FL 33330**

Mailing Address

**11807 S.W. 48TH COURT
COOPER CITY, FL 33330**



01222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0245275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORSLEY, ERNEST W
5760 SURREY CIRCLE EAST
DAVIE, FL 33331**

**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 LLC if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000403954
02/06/06-80028-002 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HORSLEY, ERNEST W
STREET ADDRESS	5760 SURREY CIRCLE EAST
CITY- ST- ZIP	DAVIE, FL 33331
TITLE	MGRM
NAME	HORSLEY, GARY D
STREET ADDRESS	11807 S.W. 48TH COURT
CITY- ST- ZIP	COOPER CITY, FL 33330
TITLE	MGRM
NAME	HORSLEY, JASON J
STREET ADDRESS	9228 N.W. 1ST STREET
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	MGRM
NAME	SOBCZAK, FRANK
STREET ADDRESS	861 S.E. 7TH AVENUE
CITY- ST- ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

1/22/06 305-970-0442

Date

Daytime Phone #