FILED 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L04000051086** NEW HORIZONS INVESTMENTS UNLIMITED, LLC Principal Place of Business Malling Address 210 W. PLATT ST. 210 W. PLATT ST. TAMPA, FL 33606 **TAMPA, FL 33606** 01152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1282899 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, DARRELL DO NOT WRI 210 W. PLATT ST. **TAMPA, FL 33606** 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WILLIAMS, DARRELL
STREET ADDRESS	210 W. PLATT ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	ALLEN, JW
STREET ADDRESS	210 W. PLATT ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Applied Fo

Not Applic

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 informat 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 ilmited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.