

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000055024**

**1. Entity Name**

**NEW HORIZON ACQUISITIONS, LLC**



**Principal Place of Business**

**1919 NORTH STATE ROAD 7  
204  
MARGATE, FL 33063**

**Mailing Address**

**1919 NORTH STATE ROAD 7  
204  
MARGATE, FL 33063**



02162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**55-0875857**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**K & M HOLDINGS, LLC  
1919 NORTH STATE ROAD 7  
204  
MARGATE, FL 33063**

**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 renewing)*

**DATE**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**MGRM  
K & M HOLDINGS, LLC  
1919 NORTH STATE ROAD 7  
MARGATE, FL 33063**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

000000496344  
04/22/06-80011-007 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*

4/3/06

9318189382

**Daytime Phone #**