


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

| | |
|---|---|
| DOCUMENT # L04000056293 1. Entity Name LONGHORNS LTD., LLC |  |
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|---|---|
| Principal Place of Business 1831 N. BELCHER ROAD SUITE G-3 CLEARWATER FL 33765 | Mailing Address 1831 N. BELCHER ROAD SUITE G-3 CLEARWATER FL 33765 |
|---|---|

1st MOORE CR2E083 (10/05)

| | | |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

| | |
|---|--|
| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|---|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent HAMMOND, JAMES M ESQ 1831 N. BELCHER ROAD SUITE G-3 CLEARWATER FL 33765 |
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| 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

000000404695
02/07/06-80009-014 50.00

| 9. MANAGING MEMBERS / MANAGERS | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KRIVACS, JAMES K 1831 N BELCHER RD G-3 CLEARWATER FL 33765 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |

| 10. ADDITIONS/CHANGES | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|--|--|---------------------------------|------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James K Krivacs* 1/25/06 727/791-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #