

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078365

FILED
May 01, 2006
Secretary of State

Entity Name: HORIZON INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

100 S. ASHLEY DRIVE, SUITE 890
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 S. ASHLEY DRIVE, SUITE 890
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-1812748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET, SUITE 1700
TAMPA, FL 33602 US

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.

SIGNATURE: DAVID M. ABEL, ASST. SECRETARY

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOOROJIAN, RAYMOND
Address: 100 S. ASHLEY DRIVE, SUITE 890
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND G. BOOROJIAN

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date