2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2007
Secretary of State

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Entity Name: D&D HORIZONS LLC

Current Principal Place of Business:

2319 SEDGWICK PLACE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

2319 SEDGWICK PLACE
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
50 NORTH LAURA STREET, SUITE 2200
ATTN: THOMAS C. DEARING
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: M ( ) Delete
Name: DEARING, THOMAS C
Address: 2319 SEDGWICK PLACE
City-St-Zip: JACKSONVILLE, FL 32217

Title: M (X) Delete
Name: DROTT III, J.W.
Address: 2319 SEDGWICK PLACE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

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

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: THOMAS C. DEARING M 01/02/2007

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