

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010093

Entity Name: D&D HORIZONS LLC

FILED
Jan 07, 2009
Secretary of State

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:

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

01/07/2009

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEARING, THOMAS C
Address: 2319 SEDGWICK PLACE
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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

MGR

01/07/2009

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