2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000018383

Entity Name: UNLIMITED HORIZONS, LLC

Current Principal Place of Business:

1911 ARROWHEAD DRIVE N.E.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

1911 ARROWHEAD DRIVE N.E.
ST. PETERSBURG, FL 33703

New Mailing Address:

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

Name and Address of Current Registered Agent:

LUDWIG, TOM
1911 ARROWHEAD DRIVE N.E.
ST. PETERSBURG, FL 33703 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: MGRM ( ) Delete
Name: LUDWIG, TOM
Address: 1911 ARROWHEAD DRIVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM ( ) Delete
Name: PRICE, JOHN
Address: 16334 HEATHROW DRIVE
City-St-Zip: TAMPA, FL 33647

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: TOM LUDWIG MANA 04/28/2006

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