2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90026 042 ****50.00

DOCUMENT # L05000094089

1. Entity Name
3110 HORATIO, LLC

63050009

Principal Place of Business
~~2101 WEST PLATT STREET~~ 403 N. Howard Ave.
SUITE 200
TAMPA, FL 33606 US

Mailing Address
~~2101 WEST PLATT STREET~~ 403 N. Howard Ave.
SUITE 200
TAMPA, FL 33606 US

04122007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-3537472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUM, JOHN
STREET ADDRESS	~~2101 WEST PLATT STREET, SUITE 200~~ 403 N. Howard Ave. Ste 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	GULUZIAN, ARAM
STREET ADDRESS	~~2101 WEST PLATT STREET, SUITE 200~~ 403 N. Howard Ave. Ste 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____ 4/27/07 (813) 258-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #