



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000105551</b>	
1. Entity Name HORSESHOE BEACH INVESTMENTS, LLC	

Principal Place of Business 1037 HALIFAX DRIVE ORMOND BEACH, FL 32176	Mailing Address P.O. BOX 231 ORMOND BEACH, FL 32175
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**DO NOT WRITE IN THIS SPACE**

	
01072008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 51-0596274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUCKLEY, DENNIS M  
 1037 HALIFAX DRIVE  
 ORMOND BEACH, FL 32176

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, DENNIS M 1037 HALIFAX DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, LOIS 1037 HALIFAX DRIVE ORMOND BEACH, FL 32176
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U00000789337  
 01/22/08-80022-009 138.75

**DO NOT WRITE IN THIS SPACE**

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:** Lois W. Buckley 01-15-2008 386-44-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #