

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000119808**

1. Entity Name  
**HOROWITZ CONSULTANTS, LLC**



Principal Place of Business  
**785 CRANDON BLVD., #1204  
KEY BISCAYNE, FL 33149**

Mailing Address  
**785 CRANDON BLVD., #1204  
KEY BISCAYNE, FL 33149**



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4104988</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HOROWITZ, BERNARD  
785 CRANDON BLVD., #1204  
KEY BISCAYNE, FL 33149**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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	MGR HOROWITZ, BERNARD 785 CRANDON BLVD., #1204 KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOROWITZ, MARILYN S 785 CRANDON BLVD., #1204 KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11000000776716  
01/09/08-80035-019 138.75

**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:** Bernard Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/4/08

Date

305-361-3256

Daytime Phone #