

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90025 030 ***138.75

DOCUMENT # L06000024372 1. Entity Name HORICH INVESTMENT, LLC			
Principal Place of Business 10267 COVE LAKE DRIVE ORLANDO, FL 32836		Mailing Address 10267 COVE LAKE DRIVE ORLANDO, FL 32836	
2. Principal Place of Business - No P.O. Box # 2586 GRAND CENTRAL PKWY		3. Mailing Address 2586 GRAND CENTRAL PKWY	
Suite, Apt. #, etc. APT 1		Suite, Apt. #, etc. APT 1	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32839		Zip 32839	
Country USA		Country USA	
4. FEI Number 20-4393631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HO, JULIE 1526 GRAND CENTRAL PKWY; #1 ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name HO, JULIE Street Address (P.O. Box Number is Not Acceptable) 2586 GRAND CENTRAL PKWY APT 1 City ORLANDO FL Zip Code 32839	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HO, JULIE 10267 COVE LAKE DRIVE ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HO, JULIE 2586 GRAND CENTRAL PKWY APT 1 ORLANDO, FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HO, PHILIP 10267 COVE LAKE DRIVE ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HO, PHILIP 2586 GRAND CENTRAL PKWY APT 1 ORLANDO, FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04-21-08 <small>Date</small>	