

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038269

Entity Name: PAUL HORNIK, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

2597 NW 53RD ST.
BOCA RATON, FL 33496

New Principal Place of Business:

4892 N. CITATION DRIVE APT 201
DELRAY BEACH, FL 33445

Current Mailing Address:

2597 NW 53RD ST.
BOCA RATON, FL 33496

New Mailing Address:

4892 N. CITATION DRIVE APT 201
DELRAY BEACH, FL 33445

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNIK, PAUL
2597 NW 53RD ST
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

HORNIK, PAUL
4892 N. CITATION DRIVE APT 201
DELRAY BEACH, FL 33445 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORNIK, PAUL
Address: 2597 NW 53RD ST.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: HORNIK, LINDA
Address: 2597 NW 53RD ST.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORNIK, PAUL
Address: 4892 N. CITATION DRIVE APT 201
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Change () Addition
Name: HORNIK, LINDA
Address: 4892 N. CITATION DRIVE APT 201
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify 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: PAUL HORNIK

MGRM

01/08/2008

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