2008 LIMITED LIABILITY COMPANY

Jan 16, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000059112** 01-16-2008 90053 049 ***138.75 HORNE PROPERTIES LLC Principal Place of Business Mailing Address PUNNTVOR 330 COMMERCE CT PO BOX 1480 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33882 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4909068 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORNE, BOYCE Street Address (P.O. Box Number is Not Acceptable) 1414 EDMISTON COURT AUBURNDALE, FL 33823 City Zip Code 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. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE Change ☐ Addition HORNE, BOYCE NAME NAME POBox 1480 Winter Hoven STREET ADDRESS PO BOX-711--STREET ADDRESS LAKE ALFRED, FL-3385007.11. City-ST-ZIP CITY-ST-7(P MGR ☐ Addition ☐ Delete TATLE TITLE HORNE, DANEASE NAME NAME STREET ADDRESS PO BOX 711 STREET ADDRESS PO BOX, 1480 Dinter Hower CITY-ST-ZIP LAKE ALFRED, FL 338500711. CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED