

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000043311

FILED
Apr 11, 2008
Secretary of State

Entity Name: HORIZON CONSTRUCTION MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

4001 WEST HENRY AVE.
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4001 WEST HENRY AVE.
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 20-8912422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE
SUITE 306
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SHAH, CHETAN
4001 WEST HENRY AVENUE
TAMPA, FL 33614 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: CHETAN SHAH

04/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAH, CHETAN
Address: 4001 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614 US

Title: MGR () Delete
Name: PATEL, ROSHAN
Address: 4001 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAH, CHETAN
Address: 4001 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM (X) Change () Addition
Name: PATEL, ROSHAN
Address: 4001 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614 US

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: CHETAN SHAH

MGRM

04/11/2008

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