2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000109544

Entity Name: DIVINE HORIZONS, LLC

Current Principal Place of Business:

14616 NW 144TH STREET
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 958
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 26-1472110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY D. JONES, P.A.
5800 NW 39TH AVENUE
SUITE 102
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WARD, EDWIN O
Address: 14616 NW 144TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: MGR ( ) Delete
Name: WARD, TERESA M
Address: 14616 NW 144TH STREET
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDWIN O WARD MGRM 04/20/2009

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