

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123178

FILED
May 01, 2008
Secretary of State

Entity Name: HORUS CONSULTING GROUP, LLC.

Current Principal Place of Business:

16643 81 LANE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16643 81 LANE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-1617575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LECONTE, KARL H
3061 VENICE WAY
MIRAMAR, FL 33025 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JEAN LOUIS, FRITZ
Address: 16643 81 LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: LECONTE, DOMINIQUE
Address: 6115 98TH STREET APT 15N
City-St-Zip: REGO PARK, NY 11374

Title: MGRM () Delete
Name: MOORE, JENNIFER
Address: 8311-11 AVENUE S.W.
City-St-Zip: EDMONTON, AB T6X 1E3 CA

ADDITIONS/CHANGES:

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

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: FRITZ JEAN LOUIS

MR

05/01/2008

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