

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001015****1. Entity Name**
HORTON INTERNATIONAL LLC

Principal Place of Business	Mailing Address
38501 U.S. HIGHWAY 19 NORTH CONNELL SQUARE PALM HARBOR FL 34684	38501 U.S. HIGHWAY 19 NORTH CONNELL SQUARE PALM HARBOR FL 34684

2. Principal Place of Business	3. Mailing Address
6916 STONE'S THROW CIRCLE Suite, Apt. #, etc. #9304	10 TOWER LANE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
ST. PETERSBURG FL	AVON CT	74-2946646	Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
33710			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEARSCHNER LINDA 38501 U.S. HIGHWAY 19 NORTH CONNELL SQUARE PALM HARBOR FL 34684	Name KEARSCHNER LINDA Street Address (P.O. Box Number is Not Acceptable) 6916 STONE'S THROW CIRCLE #9304 City ST. PETERSBURG FL Zip Code 33710

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.**SIGNATURE** _____ **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OUELLETTE JANET R 10 TOWER LANE AVON CT 06001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOXBERGER MICHAEL D 100 CONGRESS, SUITE 2000 AUSTIN TX 78701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOXBERGER MICHAEL D 1801 N. LAMAR BLVD. SUITE 222 AUSTIN TX 78701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.**SIGNATURE:** Janet R. Ouellette **MGR-** 04/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)