


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

<b>DOCUMENT #</b> M00000001245 <b>1. Entity Name</b> Horizon Expansion Group III, LLC	
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08-24-2004 90049 001 \*\*\*\*50.00  
 08-24-2004 90049 002 \*\*\*\*50.00  
 08-24-2004 90049 003 \*\*\*\*50.00

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

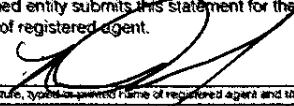
240 N. Washington Blvd.  
 7th Floor  
 Sarasota, FL  
 34236

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b>		<b>Applied For</b>
	105-1005482		Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
		FL	Zip Code

Daniel Branch  
 240 N. Washington Blvd.  
 7th Floor  
 Sarasota FL 34236

**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.**

**SIGNATURE**  **CFD** **7/22/04**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

MGR  
 Kern, Martin J.  
 240 N Washington Blvd.  
 Sarasota, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

**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:**  **7/22/04 (941) 925-3490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)