

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M00000001245**

1. Entity Name  
**HORIZON EXPANSION GROUP III, LLC**



Principal Place of Business

**240 NORTH WASHINGTON BOULEVARD  
7TH FLOOR  
SARASOTA, FL 34236 US**

Mailing Address

**240 NORTH WASHINGTON BOULEVARD  
7TH FLOOR  
SARASOTA, FL 34236 US**



01112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1005482**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRANCH, DANIEL  
240 N. WASHINGTON BLVD.  
7TH FLOOR  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

13/23/06 80030-002 \$0.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                        |
|----------------|------------------------|
| TITLE          | MGR                    |
| NAME           | KERN, MARTIN J         |
| STREET ADDRESS | 240 N WASHINGTON BLVD. |
| CITY-ST-ZIP    | SARASOTA, FL 34236     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/06 941-350-0371