

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-05-2003 92165 043 ****50.00

DOCUMENT # M01000001173					
1. Entity Name HORIZON KISSIMMEE, LLC					
Principal Place of Business 240 N. WASHINGTON BLVD 7TH FL SARASOTA FL 34236			Mailing Address 240 N. WASHINGTON BLVD 7TH FL SARASOTA FL 34236		
2. Principal Place of Business 810 N. John Young Pkwy Suite, Apt. #, etc.		3. Mailing Address correct Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State		4. FEI Number 59-3717703	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANCH, DANIEL 240 N. WASHINGTON BLVD 7TH FL SARASOTA FL 34236			7. Name and Address of New Registered Agent		
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.			Name Street Address (P.O. Box Number is Not Acceptable) City		
SIGNATURE			DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERN, MARTIN J 240 N WASHINGTON BLVD 7TH FL SARASOTA FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Daniel Branch 240 N. Washington Blvd, 7th FL Sarasota, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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:					
SIGNATURE REQUIRED Daniel Branch 6-4-03 941-925-3490					

44004400

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)