

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90139 023 ****50.00

DOCUMENT # M03000001416

1. Entity Name
NEW HORIZONS ENERGY, L.L.C.



Principal Place of Business
207 SYCAMORE HILLS COURT
LOUISVILLE, KY 40245

Mailing Address
207 SYCAMORE HILLS COURT
LOUISVILLE, KY 40245

14024102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
76-0545168

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME 166 RESEARCH, INC.
STREET ADDRESS 207 SYCAMORE HILLS COURT
CITY-ST-ZIP LOUISVILLE, KY 40245

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME NEW HORIZONS, LLC
STREET ADDRESS 444 REGENCY PARKWAY DRIVE
CITY-ST-ZIP OMAHA, NE 68114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Will C Butts

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

Date

Daytime Phone #