2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000002454

1. Entity Name HORIZON NATIONAL CONTRACT SERVICES, LLC



Principal Place of Business

151 BODMAN PLACE, SUITE 400 RED BANK, NJ 07701

Mailing Address

151 BODMAN PLACE, SUITE 400 RED BANK, NJ 07701

FILED Jul 06, 2007 8:00 am **Secretary of State**

07-06-2007 90036 032 ****55.00

durma:



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1564501

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	nging its registered o	office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Benistered Ac	ent signature required when reinstating)	DATE
	lling Fee is \$50.00 ue by May 1, 2007	, viole negation ag	and the second of the second	DATE
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	SULLIVAN, MICHAEL			
STREET ADDRESS	151 BODMAN PLACE, SUITE 400			
CITY-\$T-ZIP	RED BANK, NJ 07701			
TITLE	MGRM			
NAME	MADELINE, LLC			
STREET ADDRESS	450 PARK AVENUE			
CITY-ST-ZIP	NEW YORK, NY 10022			
TITLE	Executive Director			
NAME	Executive Director Kenten Sullivan Bunell	1		
STREET ADDRESS	151 BODTHAW PL	i	DO NO	T MOITE
CITY-ST-ZIP	Red Rank, WD UTTO		טא טע	T WRITE
TITLE			IN THE	S SPACE
NAME			III IIII	SOFACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

Cersten Sullivan Bunnell

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #