2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# M04000001768

Entity Name: HORNE REAL ESTATE, LLC

Current Principal Place of Business:

412 NORTH CEDAR BLUFF ROAD
SUITE 205
KNOXVILLE, TN 379233609 US

New Principal Place of Business:

Current Mailing Address:

412 NORTH CEDAR BLUFF ROAD
SUITE 205
KNOXVILLE, TN 379233609 US

New Mailing Address:

FEI Number: 62-1584397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HORNE, DOUGLAS A	
Address:	412 NORTH CEDAR BLUFF ROAD, SUITE 205	
City-St-Zip:	KNOXVILLE, TN 379233609 US	
Title:	MGR	( ) Delete
Name:	WHEELER, THOMAS C	
Address:	412 NORTH CEDAR BLUFF ROAD, SUITE 205	
City-St-Zip:	KNOXVILLE, TN 379233609 US	
Title:	MGR	( ) Delete
Name:	MYER, CHRISTINA G	
Address:	412 NORTH CEDAR BLUFF ROAD, SUITE 205	
City-St-Zip:	KNOXVILLE, TN 379233609 US	
Title:	MGRM	( ) Delete
Name:	HORNE, BROOK D	
Address:	412 NORTH CEDAR BLUFF ROAD, SUITE 205	
City-St-Zip:	KNOXVILLE, TN 379233609 US	
Title:	MGR	( ) Delete
Name:	JOHNSON, KIMBERLY V	
Address:	412 NORTH CEDAR BLUFF ROAD, SUITE 205	
City-St-Zip:	KNOXVILLE, TN 379233609 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA G MYER MGR 04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date