

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002961

Entity Name: RIM DIRECTORIES.COM LLC

FILED
Jul 04, 2006
Secretary of State

Current Principal Place of Business:

17633 GUNN HIGHWAY, #110
ODESSA, FL 335561912

New Principal Place of Business:

17633 GUNN HIGHWAY, #110
ODESSA, FL 335561912 US

Current Mailing Address:

17633 GUNN HIGHWAY, #110
ODESSA, FL 335561912

New Mailing Address:

17633 GUNN HIGHWAY, #110
ODESSA, FL 335561912 US

FEI Number: 20-2771335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOVE, LEONARD L
1436 STROUD COURT
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

LOVE, LEONARD L CEO
1436 STROUD COURT
NEW PORT RICHEY, FL 34655 US

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: LEONARD L LOVE

07/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORIZON DYNAMICS LLC,
Address: 17633 GUNN HIGHWAY, #110
City-St-Zip: ODESSA, FL 335561912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORIZON DYNAMICS LLC,
Address: 17633 GUNN HIGHWAY, #110
City-St-Zip: ODESSA, FL 335561912 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD L LOVE

MGRM

07/04/2006

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