


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000005643</b> 1. Entity Name HORIZON SOFTWARE INTERNATIONAL, LLC	
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Principal Place of Business 5835 HIGHWAY 20 LOGANVILLE, GA 30052	Mailing Address 5835 HIGHWAY 20 LOGANVILLE, GA 30052
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01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0580718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WILLIAMSON, ROBERT L 89151 OLD HIGHWAY TAVERNIER, FL 33070
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**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMSON, ROBERT L 5835 HIGHWAY 20 LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMSON, TERESA E 5835 HIGHWAY 20 LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMSON, JONATHAN L 5835 HIGHWAY 20 LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRANGE, J. LELAND 4355 SHACKLEFORD ROAD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000533662  
05/06/06-80132-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.

**SIGNATURE:** *Cal Jacob* *CARVIN JACKMAN CFO* *1/4/06* *770-554-6353*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #