

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000005643	
1. Entity Name HORIZON SOFTWARE INTERNATIONAL, LLC	
Principal Place of Business 5835 HIGHWAY 20 LOGANVILLE, GA 30052	Mailing Address 5835 HIGHWAY 20 LOGANVILLE, GA 30052



01032007 No 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"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMSON, ROBERT L 89151 OLD HIGHWAY TAVERNIER, FL 33070

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000723994
05/02/07-80093-014 50.00

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	

**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 608, Florida Statutes.

SIGNATURE: Cole Jackson CFO 2/20/07 (770) 554-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #