

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 016 ****50.00

DOCUMENT # M98000001226	
1. Entity Name Horizon Three, LLC	

DO NOT WRITE IN THIS SPACE

24081285

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

240 N. Washington Blvd.
7th Floor
Sarasota, FL
34236

DO NOT WRITE IN THIS SPACE

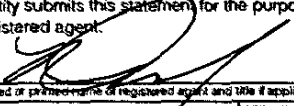
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4. FEI Number 59-3533519	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name
Daniel Branch
Street Address (P.O. Box Number is Not Acceptable)
240 N. Washington Blvd.
7th Floor
City
Sarasota FL Zip Code
34236

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  **CED** **7/22/04**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

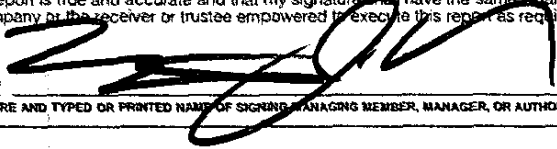
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kern, Martin J. 240 N Washington Blvd. Sarasota, FL 34236
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/22/04 (941) 925-3496
Date Daytime Phone #

CR2E083B (12/02)