2000 UNIFORM BUSINESS REPORT (UBR) M9900000699 DOCUMENT # FII ED 1. Entity Name HORIZON JACKSONVILLE SOUTH LLC 00 FEB -4 PM 2: 26 -- -SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1566 KINGSLEY AVE. 1566 KINGSLEY AVE. **ORANGE PARK FL 32073 ORANGE PARK FL 32073-4511** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910384 Not America 7in Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANCH, DANIEL Street Address (P.O. Box Number is Not Acceptable) 5403 ASHTON CT SARASOTA FL 34233 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State OF TOTAL SERVICE MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MGR TITLE Defete MILE Change Addition . KERN, MARTIN J MAME MAME 600003128696--0 5403 ASHTON CT STREET ADDRESS STREET ADDRESS -02/08/00--01137--026 SARASOTA FL 34233 CITY- ST- ZIP CITY-87-ZIP 秦帝秦帝帝[2] [1][1] ******20 00 TITLE ☐ Delete TITLE Addition: MAME NAME STREET ADDRESS RIBERT ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Additic TITLE ☐ Belete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Chann Additte TITLE TITLE NAME WAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP COTY - ST- 71P Adultio TITLE Deteta TITLE ☐ Change NAME (7 NAME STREET ADDRESS STREET ADDRESS CITY- 87-71P CITY- ST-7IP TITLE . Delete Change Addittio TITLE NAME MANAE STREET ADDRESS STREET ADDRESS

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 I gal 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 exercise this report is required by Chapter 608, Florida Statutes.

CITY-8T-ZIP

SIGNATURE:

CITY-8T-ZIP

SIGMATTINE SOLKER

MARIN J. KERN

2-2-00

941-925-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #