

FILED

Jun 13, 2003 8:00 am
Secretary of State

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05-05-2003 92165 042 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000000699

1. Entity Name

HORIZON JACKSONVILLE SOUTH LLC



Principal Place of Business

240 N. WASHINGTON BLVD
7TH FLOOR
SARASOTA FL 34236

Mailing Address

240 N. WASHINGTON BLVD
7TH FLOOR
SARASOTA FL 34236

2. Principal Place of Business

1566 Kingsley Ave
Suite, Apt. #, etc.

3. Mailing Address

Correct
Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

4. FEI Number

65-0910384

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANCH, DANIEL
240 N. WASHINGTON BLVD.
7TH FLOOR
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KERN, MARTIN J
STREET ADDRESS 240 N. WASHINGTON BLVD. 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE CFO
NAME Daniel Branch
STREET ADDRESS 240 N. Washington Blvd, 7th Fl
CITY-ST-ZIP Sarasota, FL 34236 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

Daniel Branch 6-4-03 941-925-3490

CR2003 (10/02)