

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

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

08-24-2004 90046 009 ****50.00

DOCUMENT # M99DDDDDD1657	
1. Entity Name Horizon Jacksonville North, LLC	

DO NOT WRITE IN THIS SPACE

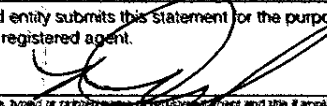
24081292

2. Principal Place of Business		3. Mailing Address 240 N. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7th Floor	
City & State		City & State Sarasota, FL	
Zip	Country	Zip	Country
34236		34236	
4. FEI Number 03-0942840		Applied For ☐ \$5.00 Additional Fee Required ☐ Not Applicable	
5. Certificate of Status Desired ☐			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Daniel Branch	
	Street Address (P.O. Box Number is Not Acceptable) 240 N. Washington Blvd.	
	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** DATE **7/22/04**

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kern, Martin J. 240 N Washington Blvd. Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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  DATE **7/22/04** DAYTIME PHONE # **(941) 925-3490**

CR2E083B (12/02)