LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF

Aug 24, 2004 8:00 am Secretary of State DOCUMENT # M990001658 08-24-2004 90046 008 ****50.00 Horizon Orlando One, UC DO NOT WRITE IN THIS SPACE 24081293 2. Principal Place of Business . Mailing Address 240 N. Woshington Blvd. Suite. Ant. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For FEI Numbe Not Applicable Zip Country Country \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE P.O. Box Number is Not Acceptable) 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 the obligations of registered ag CEDSIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE CR2E083B (12/02) TITLE Kem Martin J. NAME NAME 240 N Washington Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 70. TELE MIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE HAMF NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE (37Y-57-7/P CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME MANE STREET ADDRESS STREET ADDRESS (211Y-51-70P 07Y-57-7P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-70P 017-ST-28 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

FILED