

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000023666

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** NEW HORIZON MANAGEMENT LLC

**Current Principal Place of Business:**

4100 N. POWERLINE ROAD  
J 5  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4100 N. POWERLINE ROAD  
J 5  
POMPANO BEACH, FL 33073

**New Mailing Address:**

**FEI Number:** 30-0540871      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRY, BOREN  
ONE DATRAN 9100 SOUTH DADELAND BOULEVARD  
SUITE 1809  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VANDERSYPT, WALTHER A  
Address: 4100 N. POWERLINE ROAD SUITE J 5  
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGRM  
Name: MAMAN, ANDRE  
Address: 4100 N. POWERLINE ROAD SUITE J 5  
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGRM  
Name: AMAR, ALBERT  
Address: 4100 N. POWERLINE ROAD SUITE J5  
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGRM  
Name: FRANCO, JOSEPH  
Address: 4100 N. POWERLINE ROAD SUITE J5  
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGRM  
Name: MAMAN, MICHEL  
Address: 4100 N. POWERLINE ROAD SUITE J 5  
City-St-Zip: POMPANO BEACH, FL 33073

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH FRANCO

MGRM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date