



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

**08 FEB 14 AM 11:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # M01000001562</b>					
1. Entity Name HORIZON BAY MANAGEMENT, L.L.C.					
Principal Place of Business 5427 BAY CENTER DR, SUITE 600 TAMPA, FL 33609 US			Mailing Address ATTN: TARA VENERACION 1050 CONNETICUT AVE, NW WASHINGTON, DC 20036		
2. Principal Place of Business - No P.O. Box # 5426 Bay Center Drive		3. Mailing Address 5426 Bay Center Drive			
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 36-4439628	
Zip 33609		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORIZON BAY REALTY, L.L.C.		NAME	200118150222	
STREET ADDRESS	85 BROAD STREET		STREET ADDRESS	02/15/08--01039--020	**138.75
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/7/08		Daytime Phone #: 813.287.3900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					