2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003170

Entity Name: HORIZON BAY REALTY, L.L.C.

FILED Jul 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5427 BAY CENTER DR. SUITE 600 5426 BAY CENTER DR, SUITE 600

TAMPA, FL 33609 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

5427 BAY CENTER DR, SUITE 600 5426 BAY CENTER DR, SUITE 600

TAMPA, FL 33609 TAMPA, FL 33609

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition BEST, THILO D Name: BEST, THILO D Name:

5102 W. LAUREL STREET Address: 5426 BAY CENTER DRIVE, SUITE 600 Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete Title: MGR (X) Change () Addition

DELUCA, JON A Name: DELUCA, JON A Name:

Address: 5102 W. LAUREL ST. Address: 5426 BAY CENTER DRIVE, SUITE 600

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete Title: MGR (X) Change () Addition

SUSKE, STEPHEN SUSKE, STEPHEN Name: Name: 100 MILVERTON DR. SUITE 700 100 MILVERTON DR. SUITE 700 Address: Address:

City-St-Zip: MISSISSUGA, ONTARIO L5R 4H1. City-St-Zip: MISSISSUGA, ON L5R 4H1 CA

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: EZER, ROBERT Name: BINIONS, BRENT

100 MILVERTON DR. SUITE 700 100 MILVERTON DR. SUITE 700 Address: Address: City-St-Zip: MISSISSUGA, ONTARIO L5R 4H1, City-St-Zip: MISSISSUGA, ON L5R 4H1 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JON DELUCA 07/15/2008