2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Due By May 1, 2008 Secretary of State **DOCUMENT # A05000000161** 3400 CORAL WAY LTD. Principal Place of Business Mailing Address 3400 CORAL WAY 3400 CORAL WAY SUITE 300 SUITE 300 MIAMI, FL 33145 MIAMI, FL 33145 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 20-2451346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUNTON & WILLIAMS LLP** DO NOT WRITE 1111 BRICKELL AVENUE **SUITE 2500** IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. U000000807680 80018-004 500.00 FILE NOW!!! FEE 1\$ \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12, GENERAL PARTNER INFORMATION DOCUMENT / L05000006348 HORIZON MANAGEMENT, LLC NAME STREET ADDRESS 3400 CORAL WAY SUITE 300 CITY-ST-ZIP MIAMI, FL 33145 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS

I nereby certify that the Information supplied with this filing does not certify 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #