

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:41

DOCUMENT # A97000002058 1. Entity Name HORIZON SENIOR LIFESTYLES, LTD.			
Principal Place of Business 111 2ND AVE. NE, STE 805 ST. PETERSBURG, FL 33701		Mailing Address C/O KERRY BINGAMAN 111 2ND AVE., N.E., SUITE 805 ST PETERSBURG, FL 33713	
2. Principal Place of Business 2435 1st Ave. N Suite, Apt. #, etc.		3. Mailing Address 2435 1st Ave N. Suite, Apt. #, etc.	
City & State St. Petersburg, FL Zip 33713 Country		City & State St. Petersburg, FL Zip 33713 Country	
4. FEI Number 59-3472509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACON, DAVID A ESQ. 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.</small>			
9. Capital Contributions as Shown on record. \$1,200,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P97000082334 NAME STERLING SENIOR SERVICES, INC. STREET ADDRESS 111 2ND AVE., N.E., STE 805 CITY-ST-ZIP ST PETERSBURG, FL 33701		STREET ADDRESS 914 Curlew Rd. - Suite 410 CITY-ST-ZIP Dunedin, FL 34698	
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14. I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
Date		Daytime Phone #	

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