

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001606**

1. Entity Name

HORIZON FUND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:00

Principal Place of Business

C/O MORGAN. LEWIS & BOCKIUS LLP
200 SOUTH BISCAYNE BLVD., STE. 5300
MIAMI FL 33131

Mailing Address

C/O MORGAN. LEWIS & BOCKIUS LLP
200 SOUTH BISCAYNE BLVD., STE. 5300
MIAMI FL 33131-2303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

772 Ridgewood ROAD
Suite, Apt. #, etc.

3. Mailing Address

← 772 Ridgewood ROAD SAME
Suite, Apt. #, etc.

City & State

Key Biscayne FL

City & State

Key Biscayne

4. FEI Number

65-0954847

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

FL

Country

33149

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER JOHN S. ESQ.
772 RIDGEWOOD ROAD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

N/A

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

[Handwritten mark]

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

DEVANEY, D. JOHN
772 RIDGEWOOD ROAD
KEY BISCAYNE FL 33149

STREET ADDRESS
CITY - ST - ZIP

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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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #