

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90071 037 ****55.00

DOCUMENT # L00000005887

1. Entity Name

HORIZON DEVELOPMENT, L.L.C.



Principal Place of Business

**3102 S.E. JAY ST., STE. 9
STUART FL 34997**

Mailing Address

**3102 S.E. JAY ST., STE. 9
STUART FL 34997**



2. Principal Place of Business

10275 SW Greenridge Ln

3. Mailing Address

6526 South Kanner Hwy

Suite, Apt. #, etc.

#

Suite, Apt. #, etc.

300

City & State

Palm City FL

City & State

Stuart FL

4. FEI Number

65-1020871

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**WOOD, CRAIG A
10275 SW GREENRIDGE LANE
PALM CITY FL 34990**

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

Craig A. Wood

Craig A. Wood

3/17/06

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

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**MGRM
WOOD, CRAIG
10275 SW GREENRIDGE LANE
PALM CITY FL 34990**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Craig A. Wood *Craig A. Wood*

3/17/06

283-5343
772-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE