

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # L01000021224 1. Entity Name HORIZONS ACQUISITION 6, LLC					
Principal Place of Business 1750 EAST SUNRISE BLVD. FT. LAUDERDALE, FL 33304			Mailing Address P.O. BOX 5403 FT. LAUDERDALE, FL 33310		
2. Principal Place of Business 4310 77th Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 189 Suite, Apt. #, etc.			
City & State Wabasso, FL		City & State Wabasso, FL		4. FEI Number 01-0696396	
Zip 32970		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, GLEN R 1750 EAST SUNRISE BLVD. 3RD FLOOR FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name: <u>Kenneth Kennedy</u> Street Address (P.O. Box Number is Not Acceptable): <u>4310 77th Street</u> City: <u>Wabasso</u> FL Zip Code: <u>32970</u>	
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: (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/2/04</u>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORIZONS ACQUISITION 2, LLC 1750 E. SUNRISE BOULEVARD FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Kennedy Groves, Inc. 4310 77th Street Wabasso, FL 32970	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000398633002 08/04/04--01015--003 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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:			DATE: <u>7/20/04</u> 772-589-4387		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					