2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT #·L02000018086

1. Entity Name
HORIZONS, LLC

Principal Place of Business	Mailing Address
3991 194TH TRAIL SUNNY ISLES BEACH, FL 33160	3991 194TH TRAIL SUNNY ISLES BEACH, FL 33160

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07012004No Chg-LLC   CR2E083 (10/03)

4. FEI Number 54-2062889	Applied For
	Not Applicable

5. Certificate of Status Desired   ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOZOLCHYK, MIRTA O
3991 194TH TRAIL
SUNNY ISLES BEACH, FL 33160

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

> **Filing Fee is $50.00**
> **Due by September 8, 2004**

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	KOZOLCHYK, MIRTA		
STREET ADDRESS	3991 194TH TRAIL		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		
TITLE			
NAME			
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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: *Mirta Kozolchyk*   *July 1st, 2004*   (305) 323-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #