

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019694

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: HORIZON INVESTMENTS, LLC

## Current Principal Place of Business:

16205 S. TAMIAMI TRAIL  
SUITE #3  
FORT MYERS, FL 33908 US

## New Principal Place of Business:

5201 31ST PLACE SW  
NAPLES, FL 34118 US

## Current Mailing Address:

16205 S. TAMIAMI TRAIL  
SUITE #3  
FORT MYERS, FL 33908 US

## New Mailing Address:

5201 31ST PLACE SQ  
NAPLES, FL 34118 US

FEI Number: 11-3647283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRESSLER, RALPH N RA  
24932 FAIRWINDS LANE  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BRIDGES, GLENN M  
Address: 5201 31ST PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete  
Name: SHEARER, JOHN M  
Address: 16205 S. TAMIAMI TRAIL  
City-St-Zip: FORT MYERS, FL 33908 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SHEARER, JOHN M  
Address: 5201 31ST PLACE SW  
City-St-Zip: NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN M. BRIDGES

MGRM

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date