2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT

DOCUMENT # L03000000106

1. Entity Name

HORÍZONS ACQUISITION 5, LLC



Principal Place of Business

2200 WEST CYPRESS CREEK ROAD FORT LADERDALE, FL 33309

Mailing Address

PO BOX 5403

FORT LAUDERDALE, FL 33310

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90266 001 *3,885.00

30004187



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1865039 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

77*2 -340 -3587*)

Daytime Phone #

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORE COMMUNITIES, LLC 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	VRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

ORIZED REPRESENTATIVE