



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90064 049 \*\*\*\*50.00

<b>DOCUMENT # L03000000960</b> 1. Entity Name <b>HORIZON PLAZA ONE, LLC</b>																													
Principal Place of Business <b>4265 QUECHUA ROAD PORT ST. JOHN, FL 32927</b>			Mailing Address <b>4265 QUECHUA ROAD PORT ST. JOHN, FL 32927</b>																										
2. Principal Place of Business <b>3740 Curtis Blvd</b> Suite, Apt. #, etc. <b>Suite 112</b> City & State <b>PORT ST JOHN FL</b> Zip <b>32927</b>		3. Mailing Address <b>3740 Curtis Blvd</b> Suite, Apt. #, etc. <b>Suite 112</b> City & State <b>PORT ST JOHN FL</b> Zip <b>32927</b>																											
04272004 Chg-LLC CR2E083 (10/03)		4. FEI Number <b>13-4231378</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>C.C.G. HOLDINGS, INC. 4265 QUECHUA ROAD PORT ST. JOHN, FL 32927</b>																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3740 Curtis Blvd, Suite 112</b> City <b>PORT ST JOHN</b> FL Zip Code <b>32927</b>		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 <u><i>Carmine Ferraro</i></u> <b>Carmine Ferraro</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) <b>President, CCG Holdings, Inc</b> DATE <b>4/27/2004</b>																											
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MANAGING MEMBER</b> <input type="checkbox"/> Delete        </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete    	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MANAGING MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>CCG Holdings Inc.</b>  <b>3740 Curtis Blvd</b>  <b>Suite 112 PORT ST JOHN, FL 32927</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>MANAGING MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>MELVIN A HUEM</b>  <b>3740 Curtis Blvd #112</b>  <b>PORT ST JOHN, FL 32927</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CCG Holdings Inc.</b> <b>3740 Curtis Blvd</b> <b>Suite 112 PORT ST JOHN, FL 32927</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MELVIN A HUEM</b> <b>3740 Curtis Blvd #112</b> <b>PORT ST JOHN, FL 32927</b>	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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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 <u><i>Carmine Ferraro</i></u> <b>CCG HOLDINGS, INC.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>CARMINE FERRARO, President</b> DATE <b>4/27/2004</b> DAYTIME PHONE # <b>321-433-0274</b>																													