


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005267	
1. Entity Name LEMON BAY HORIZONS, L.L.C.	

Principal Place of Business 6919 SPINNAKER BLVD. ENGLEWOOD, FL 34224	Mailing Address 6919 SPINNAKER BLVD. ENGLEWOOD, FL 34224
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2. Principal Place of Business 550 WEST C STREET #1000 Suite, Apt. #, etc. SUITE 1000	3. Mailing Address 550 WEST C STREET #1000 Suite, Apt. #, etc. SUITE 1000
City & State SAN DIEGO, CA	City & State SAN DIEGO, CA
Zip 92101	Country USA

FILED
05 MAR -2 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2320449	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 NEWELL, DARRYL A 3579 SOUTH ACCESS ROAD, STE. L ENGLEWOOD, FL 34224	7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip 33324
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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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY 03/02/2005
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 May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWELL, DARRYL A PRES 6919 SPINNAKER BLVD ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRONT STREET INVESTMENT FUND, LLC 550 WEST C STREET, SUITE 1000 SAN DIEGO, CA 92101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOISTMAN, MIKE VP 6919 SPINNAKER BLVD ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIST OF OFFICERS ATTACHED AS EXHIBIT "A". <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	400047867584 03/08/05--01007--008 **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

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: James S. Gunnell Secretary 03/01/05 619 687-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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EXHIBIT "A"

ELECTED OFFICIALS

<u>Name</u>	<u>Office/Title</u>
Michael R. Kelly	Chairman and Chief Executive Officer
Richard Kelly	President
Jim Tyler	Executive Vice President
Charles Blottin	Chief Financial Officer
Joe Thomas	Senior Vice President
Michael K. Marks	Senior Vice President, General Counsel and Assistant Secretary
Darcy Gunnell	Secretary