

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000005267

1. Entity Name
LEMON BAY HORIZONS, L.L.C.



Principal Place of Business
550 WEST C STREET, SUITE 1000
SAN DIEGO, FL 92101

Mailing Address
550 WEST C STREET, SUITE 1000
SAN DIEGO, FL 92101

2. Principal Place of Business
550 West C Street #1000

3. Mailing Address
550 West C Street #1000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
San Diego, CA

City & State
San Diego, CA

Zip
92101

Country
USA

Zip
92101

Country
USA

08172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2320449

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME NEWELL, DARRYL A
STREET ADDRESS 6919 SPINNAKER BLVD
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME SOISTMAN, MIKE
STREET ADDRESS 6919 SPINNAKER BLVD
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FRONT STREET INVESTMENT FUND, LLC
STREET ADDRESS 550 WEST C STREET, SUITE 1000
CITY-ST-ZIP SAN DIEGO, FL 92101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
05 AUG 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MK



000058844650
08/24/05--01039--020 **55.00

LLC

Senior Vice President & General Counsel

8/18/05 619-687-5000