


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90040 014 ****50.00

DOCUMENT # L03000016800					
1. Entity Name HORIZONVIEW OF SARASOTA, LLC					
Principal Place of Business 1634 MAIN ST. SARASOTA, FL 34236			Mailing Address 1634 MAIN ST. SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 267 Tropical Cir		3. Mailing Address 267 Tropical Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		07092007 Chg-LLC CR2E083 (12/06)	
Zip 34242		Country		4. FEI Number 16-1667151	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC 941 FOURTH STREET MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DEBORAH A 767 TROPICAL CIRCLE SARASOTA, FL 34242		<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"/> 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	
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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	