

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044669

Entity Name: HORIZON OAKS, L.L.C.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

811 SAWDUST TRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

9451 SW CR 143
JASPER, FL 32052

Current Mailing Address:

811 SAWDUST TRAIL
KISSIMMEE, FL 34744

New Mailing Address:

9451 SW CR 143
JASPER, FL 32052

FEI Number: 20-1023347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROTTY, WAYNE H
1424 NEPTUNE RD
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

CROTTY, WAYNE H
9451 SW CR 143
JASPER, FL 32052 US

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.

SIGNATURE: WAYNE H CROTTY

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CROTTY, WAYNE
Address: 811 SAWDUST TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: CROTTY, ROBIN J
Address: 811 SAWDUST TL
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CROTTY, WAYNE
Address: 9451 SW CR 143
City-St-Zip: JASPER, FL 32052 US

Title: MGR (X) Change () Addition
Name: CROTTY, ROBIN J
Address: 9451 SW CR 143
City-St-Zip: JASPER, FL 32052 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN J CROTTY

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date