

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045233

1. Entity Name
HORIZON INVESTORS, LLC.



Principal Place of Business
**110 MARCDALE BLVD.
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**502 CREEKVIEW CT.
LARGO, FL 33770**



03092005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1193785

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SACKS, DAVID B
1824 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YORK, DOUGLAS J
STREET ADDRESS	110 MARCDALE BLVD.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	MGRM
NAME	YORK, TANIA R
STREET ADDRESS	110 MARCDALE BLVD.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

T. York **TANIA R. YORK**

03/11/05 727-365-7579

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

Date

Daytime Phone #