

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90002 010 \*\*\*\*55.00

**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**

2. Principal Place of Business  
**502 CREEKVIEW CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LARGO, FL**

City & State

Zip  
**33770**

Country

Zip

Country

02282006 Chg-LLC CR2E083 (11/05)

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**

7. Name and Address of New Registered Agent

Name **SACKS, DAVID B**

Street Address (P.O. Box Number is Not Acceptable)  
**1017 LASALLE ST.**

City **JACKSONVILLE**

**FL**

Zip Code **32207**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**502 CREEKVIEW CT.  
LARGO, FL 33770** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**502 CREEKVIEW CT.  
LARGO, FL 33770** ☒ Change ☐ Addition

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

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

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

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

**T. York Tania R. York**