## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0400005819  1. Entity Name HORIZON GENERAL INVESTMENTS, LLC			UMILIARY OF STATE TAISH OF CORPORATIO				
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			O VE IF	] "	JIBFF C BU	10, 51,	
Principal Place of Business Mailing Address							
800 S DIXIE HIGHWAY 800 S DIXIE HIGHWAY 301							
CORAL GABLES, FL 33146 CORAL GABLES, FL 33146					fil <b>11</b> 11 <b>111</b> 11 arin 4311 ari	II <b>ve</b> iil <b>ee</b> iel eiibk eelel iirib	(E1881 III 1881
2. Principal Place of Business 1460 NW 107 AVE 1460 NW 107 AV			AUE.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	STE: N		05112006 Chg-LLC CR2E083 (11/05)			
Wiami, FL	Miami, FL		4. FEI Num 20-08	ber 05166	<del></del>	Applied For Not Applicable	
Zip 33ワム Country	33172	Country		5. Certifica	te of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current	Registered Agent			7. Name ar	nd Address of New R	tegistered Agent	
FITO, ALBA			) <b>e</b>				
800 S DIXIE-HIGHWAY			et Address (	(P.O. Box Num	ber is Not Acceptable	9)	
O <del>ORAL GABLES, FL 3314</del> 6			1460 NW 107 AUE STE: N				
		City	Mia	mi		FL Zip C	2772
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 a	and title if applicable. (NOTi	E: Registered Agent s	gnature required	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 6, 2006						e check payable to a Department of St	
9. MANAGING MEMBE	RS/MANAGERS	10.	<del></del>		ADDITIONS	CHANGES	
TITLE MGR	` Delete	TITLE				Change	Addition
NAME FITO, ALBA STREET ADDRESS 800 S. DIXIE. HIGHWAY SUITE 30	24	name Street addre	14/	l-Λ . Δ	W 107 A	auc's T	-
CITY-ST-ZIP CORAL GABLES, FL-93146				am:		172	· /0
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				10 NU	BAEZ	e STE N	
CITY-ST-ZIP CORAL CABLES, FL-33146.		CITY-ST-ZIP	_Hic	imi,	FL 331	72	
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NAME		NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRE	SS				
TITLE	☐ Delete	TITLE				Change	Addition
NAME		NAME				_	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRE	SS				
	this filing does not qualify to		s contained	in Chanter 11	9 Florida Statutae 1.6	uther certify that the in	formation
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.							
MARCI							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHOR	 NŽED REPRESE	ENTATIVE	Date	Daytime Phone	•

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