


## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB -7 PM 1:50

DOCUMENT # L04000042851					
1. Entity Name SOUTH BEACH HORIZON LLC					
Principal Place of Business 19 SOMERSET PLACE PALM BEACH GARDENS, FL 33418			Mailing Address 19 SOMERSET PLACE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1215607	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIVE STAR INTERNATIONAL BROKERS, INC. 19 SOMERSET DRIVE PALM BEACH GARDENS, FL 33418			Name <b>MR. Vic DAMONE</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>200 VIA BELLARIA</b>		
			City <b>PALM BEACH FL</b>		Zip Code <b>33487</b>
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 <u><i>Vic Damone</i></u>			DATE <u>Jan. 25-08</u>		
<b>FILE NOW!!! FEE IS \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAMMARAF, LOUIS J 19 SOMERSET DR. PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. Vic DAMONE LENT.</b> <b>200 VIA BELLARIA</b> <b>PALM BEACH FL. 33480</b> <input checked="" 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	<b>200116455102</b> <b>01/30/08--01029-006 **382.50</b> <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	
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	
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: <u><i>Vic Damone</i></u> <b>Vic DAMONE</b>			Date <u>1/25/08</u>		Daytime Phone # <u>561-833-5570</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					