

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000048227**

1. Entity Name  
**HORIZON REALTY ADVISORS, LLC**



Principal Place of Business  
**2033 WOOD STREET, SUITE 215  
SARASOTA, FL 34237**

Mailing Address  
**2033 WOOD STREET, SUITE 215  
SARASOTA, FL 34237**



02232006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1636390**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**IMPERATORE, JOHN F JR  
2033 WOOD STREET  
SUITE 215  
SARASOTA, FL 34237**

**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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>OLIVIERI, N J</b>
STREET ADDRESS	<b>1222 QUAIL RUN TRAIL</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80034-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

2/28/06

941-365-8450