


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 Jun 10, 2005 8:00 am  
Secretary of State

05-04-2005 90043 024 \*\*\*\*50.00

<b>DOCUMENT # L04000059817</b> 1. Entity Name HORIZON UNLIMITED PROPERTIES II, L.L.C.					
Principal Place of Business 13927 SHADY SHORES DRIVE TAMPA, FL 33613			Mailing Address 13927 SHADY SHORES DRIVE TAMPA, FL 33613		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAH, MINAXI 13927 SHADY SHORES DRIVE TAMPA, FL 33613			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>-Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, MINAXI D 13927 SHADY SHORES DRIVE TAMPA, FL 33613	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE:</b> <u>Minaxi D. Shah</u> <u>4/26/05</u> <u>813-960-0504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					