


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000059817 1. Entity Name HORIZON UNLIMITED PROPERTIES II, L.L.C.	
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Principal Place of Business 13927 SHADY SHORES DRIVE TAMPA, FL 33613	Mailing Address 13927 SHADY SHORES DRIVE TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



07312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0117267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHAH, MINAXI 13927 SHADY SHORES DRIVE TAMPA, FL 33613
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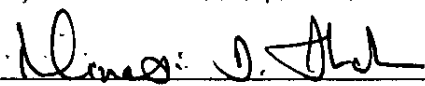
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by September 14, 2007
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, MINAXI D 13927 SHADY SHORES DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, DIPAK 13927 SHADY SHORES DRIVE TAMPA, FL 33613
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<p>U000000771814 08/10/07-80002-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Aug 6th 07 <small>Date Days/Phone #</small>
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