2007 LIMITED LIABILITY COMPANY

FILED Apr 04, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L04000064874 04-04-2007 90038 043 ****50.00 HORIZON PROPERTIES, LLC Principal Place of Business Mailing Address 11874 OSPREY POINTE CIR. 11874 OSPREY POINTE CIR. WELLINGTON FL 33467 WELLINGTON FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BDB AGENT CO. Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD SUITE 900 **BOCA RATON FL 33486** City Zip Code FL 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, typed or printed name of registered agent and title 4 applicable. /NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE mmr **MGRM** ☐ Defete Change ☐ Addition NAME PORCO, ELLEN NAME STREET ADDRESS STREEL ADDRESS 11874 OSPREY POINTE CIR. CHY ST ZIP CITY ST 7IP WELLINGTON FL 33467 11014 ☐ Delete 1000 Change ☐ Addition **MGRM** NAMI NAME PORCO, MICHAEL STREET ADDRESS STREET ADDRESS 11874 OSPREY POINTE CIR. CHY SI-ZIP CHY-S1 ZIP WELLINGTON FL 33467 ☐ Addition HITE ☐ Delete Change MARKE STREET ADDRESS STRIFET ADDRESS CITY ST ZIP CHY ST-ZIP ☐ Delete Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY ST-ZIP ☐ Delete Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST-7P TITLE ☐ Delete HHE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE