

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90106 038 \*\*\*138.75

**DOCUMENT # L05000034973**

1. Entity Name  
HORIZONS DEVELOPMENT, LLC



Principal Place of Business  
6000 METRO WEST BOULEVARD  
SUITE 105  
ORLANDO, FL 32835

Mailing Address  
6000 METRO WEST BOULEVARD  
SUITE 105  
ORLANDO, FL 32835

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-2824582

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

ORDEN, CHARLES  
6000 METRO WEST BOULEVARD, SUITE 105  
ORLANDO, FL 32835

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ORDEN, CHARLES  
6000 METRO WEST BLVD SUITE 105  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KANTOR, JOSEPH  
6000 METRO WEST BLVD SUITE 105  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

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

Date

Daytime Phone #