


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 005 *****55.00

DOCUMENT # L05000070040 1. Entity Name HORIZON PROPERTIES PLUS LLC					
Principal Place of Business 11037 BLACK WALNUT STREET HUDSON, FL 34669 US			Mailing Address 11037 BLACK WALNUT STREET HUDSON, FL 34669 US		
2. Principal Place of Business n/a		3. Mailing Address n/a			
Suite, Apt. #, etc. /		Suite, Apt. #, etc. /			
City & State /		City & State /			
Zip /		Zip /		Country /	
<div style="display: flex; justify-content: space-between;"> 01092006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3167390 <div style="border: 1px solid black; padding: 2px;"> Applied For <input checked="" type="checkbox"/> Not Applicable </div> </div>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HUMPHREY, MICHELLE 11037 BLACK WALNUT STREET HUDSON, FL 34669			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) / n/a 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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMPHREY, MICHELLE 11037 BLACK WALNUT STREET HUDSON, FL 34669 <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	MGRM EDWARDS, KARLEE 8611 LEESIDE ISLE BAYONET, FL 34667 <input checked="" 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"/> 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"/> 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"/> 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"/> Delete		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 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: <i>Michelle M Humphrey</i>			01/18/06 727.207.1208		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					