


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-21-2008 90323 037 ***138.75

DOCUMENT # L06000007996 1. Entity Name THE COURTYARDS OF HORIZON, LLC			
Principal Place of Business 4733 W. ATLANTIC AVE., STE. C-19 DELRAY BEACH, FL 33445-3890		Mailing Address 4733 W. ATLANTIC AVE., STE. C-19 DELRAY BEACH, FL 33445-3890	
2. Principal Place of Business - No P.O. Box # 639 E. Ocean Ave Suite, Apt. #, etc. 207		3. Mailing Address P.O. Box 8047 Suite, Apt. #, etc.	
City & State Boynton Bch FL Zip 33435 Country USA		City & State Delray Bch., FL Zip 33482 Country USA	
4. FEI Number 51-0566520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04092008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent SCHEINBLUM, MARK D 450 SOUTH ORANGE AVE., STE. 800 ORLANDO, FL 32801-3344		7. Name and Address of New Registered Agent 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 renewing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GP MANAGING MEMBER <input type="checkbox"/> Delete GUMLEY, THEODORE 4733 W ATLANTIC AVE, STE C-19 DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 639 E Ocean Ave., STE 207 Boynton Bch FL 33435
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: <u>Ted Gumley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>4/17/08</u> Daytime Phone #	