

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90347 014 ****50.00

DOCUMENT # L06000010270	
1. Entity Name HORIZON PARTNERS LAND TRUST, LLC	

Principal Place of Business 3740 CURTIS BLVD., #108 PORT ST. JOHN, FL 32927	Mailing Address 3740 CURTIS BLVD., #108 PORT ST. JOHN, FL 32927
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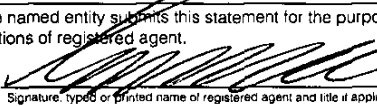
2. Principal Place of Business - No P.O. Box # 3860 Curtis Blvd.	3. Mailing Address 3860 Curtis Blvd
Suite, Apt. #, etc. #636	Suite, Apt. #, etc. #636
City & State PORT ST JOHN, FL	City & State PORT ST JOHN, FL
Zip 32927	Zip 32927
Country USA	Country USA

40098057



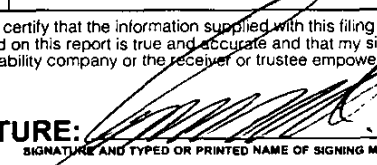
04202007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CCG HOLDINGS, INC. 3740 CURTIS BLVD., #108 PORT ST. JOHN, FL 32927	
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7. Name and Address of New Registered Agent Name: CCG Holdings, Inc. Street Address (P.O. Box Number is Not Acceptable): 4665 Quechua Road City: PORT ST JOHN FL Zip Code: 32927	
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: 	DATE: 4/26/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DEVELOPMENT, LLC 3740 CURTIS BLVD., #108 PORT ST. JOHN, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3860 Curtis Blvd #636 PORT ST JOHN, FL 32927 <input checked="" 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
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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: 	DATE: 4/26/07 374-433-0274