

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90325 044 ***138.75

DOCUMENT # L06000016028

1. Entity Name
HORIZON ALF MANAGEMENT PARTNERS, LLC



Principal Place of Business
4733 W. ATLANTIC AVE. SUITE C-19
DELRAY BEACH, FL 33445-3890

Mailing Address
4733 W. ATLANTIC AVE. SUITE C-19
DELRAY BEACH, FL 33445-3890

30007420



04092008 Chg-LLC CR2E083 (12/06)

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

51-0566517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEINBLUM, MARK D
450 SOUTH ORANGE AVE.
SUITE 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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE GP **MANAGING MEMBER** ☐ Delete
NAME GUMLEY, THEODORE
STREET ADDRESS 4733 W ATLANTIC AVE STE C-19
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 639 E. Ocean Ave., STE 207
CITY-ST-ZIP Boynton Bch FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ted Gumley

4/17/08

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

Date

Daytime Phone #