2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 22, 2007 8:00 am Secretary of State

					_	04-24-2007	90106 019 ****	50.00
DOCUMENT # L06000023556 1. Entity Name HORIZON PROPERTY GROUP, LLC					!			
						- -		
Principal Place of Business Mailing Address								
1824 LINDBERGH LANE 1824 LINDBERGH LANE PORT ORANGE, FL 32128 US PORT ORANGE, FL 3212				us		5015 5101 4571 4571		erans in 1984
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEJ Numb	\$50437	/ 	oplied For of Applicable
ΖIp	Country	2ip	Count			e of Status Desired	\$5.00 Add	litional d
	6. Name and Address of Current				7. Name and	d Address of New R	egistered Agent	
BELL, JOH	JM		Name					
1824 LIND	BERGH LANE ANGE, FL 32128		Street Address		(P.O. Box Numb	per is Not Acceptable	e)	
				City			FL Zip Cod	
. 7				a disa a carine		in in the State of St		
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 herre of registered agent and lide if applicable. (NOTE: Registered Agent aignature required when remaining) DATE								
	<u> </u>							
Filing Fee is \$50.00 Due by May 1, 2007							e check payable to Department of Stati	9
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE	MGRM	☐ Delete					☐ Change	Addition
NAME STREET ADDRESS	BELL, JOHN 1824 LINDBERGH LANE		NAA CTR	EET ADDRESS				
CITY-ST-ZIP	PORT ORANGE, FL 32128			/-SI-2IP				
TITLE	MGRM Delete TiT.		E			☐ Change	Addition	
KAME			NAM	N				
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Mili	☐ Devote TITE						Change	☐ Addition
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CITY-SI-ZIP			Çm	1-ST-ZIP				
ITILE		Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS	1			EET ADORESS				
CITY-ST-ZIP				(·\$T·DP				
11. I hereby certily 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
7.000								
SIGNATURE: 321 8617827 Jal 8617827 Date Of PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departs Prove (