

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044627

FILED
Jul 14, 2008
Secretary of State

Entity Name: CLARIDGE H, LLC

Current Principal Place of Business:

C/O BALES & BALES, P.A. 4000 PONCE DE LEON
BLVD., SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O BALES & BALES, P.A. 4000 PONCE DE LEON
BLVD., SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

C/O HORIZON GRP., 1100 CONEY ISLAND AVE.
SUITE 300
BROOKLYN, NY 11230

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALES & BALES, P.A.
4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORIZON FUNDING GROU, P, INC.
Address: 1220 N. MARKET STREET, SUITE 808
City-St-Zip: WILMINGTON, DE 19801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORIZON FUNDING GROU, P, INC.
Address: 1100 CONEY ISLAND AVENUE
City-St-Zip: BROOKLYN, NY 11230

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID SILBERSTEIN

MEMB

07/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date