

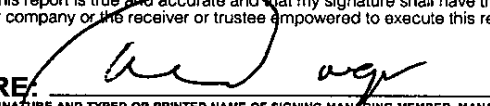


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90226 017 ****55.00

DOCUMENT # M02000001061 1. Entity Name HORIZON ALTAMONTE SPRINGS LLC					
Principal Place of Business 1402 GREEN COVE ROAD WINTER PARK, FL 32789			Mailing Address 1402 GREEN COVE ROAD WINTER PARK, FL 32789		
2. Principal Place of Business 745 Orienta Avenue Suite, Apt. #, etc. Suite 1191		3. Mailing Address 745 Orienta Avenue Suite, Apt. #, etc. Suite 1191			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL			
Zip 32701		Zip 32701			
Country USA		Country USA		4. FEI Number 03-0397659	
5. Certificate of Status Desired XX \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOONEY, STEPHEN R 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Mitchell Levin Street Address (P.O. Box Number is Not Acceptable) Horizon Altamonte Springs, LLC 745 Orienta Avenue, Suite 1191 City Altamonte Springs FL Zip Code 32701	
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNYE LEVIN, SWANTJE 1402 GREEN COVE ROAD WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mitchell Levin 745 Orienta Avenue, Suite 1191 Altamonte Springs, FL 32701	<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT

Page 1 of 1

Sharon Norman

20002113

From: Sharon Turja [sharon@transamtax.com]

402000001061

Sent: Tuesday, January 10, 2006 12:13 PM

To: Sharon Norman

Subject: SPAM Annual Report Fee

Sharon: I have the form printed for the Annual Report [card you brought in today]. I will have George make any corrections necessary and see if he signs the form or if Dr. or Mrs. Levin has to sign it. We will need a check for \$55.00 made payable to "Florida Department of State" to complete the process. Thanks.

Sharon