

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

3. Mailing Address
745 Orienta Avenue

Suite, Apt. #, etc.
Suite 1191

Suite, Apt. #, etc.
Suite 1191

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32701

Country
USA

Zip
32701

Country
USA

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0397659

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGRM
NAME KNYE LEVIN, SWANTJE
STREET ADDRESS 1402 GREEN COVE ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

Delete

TITLE MGRM
NAME Mitchell Levin
STREET ADDRESS 745 Orienta Avenue, Suite 1191
CITY-ST-ZIP Altamonte Springs, FL 32701

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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

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Sharon Norman

2000213

From: Sharon Turja [sharon@transamtax.com]
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