
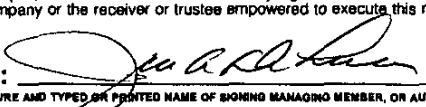


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90049 029 ****50.00

DOCUMENT # M02000001073 1. Entity Name HORIZON BAY SENIOR SERVICES, L.L.C.			
Principal Place of Business 5102 WEST LAUREL STREET SUITE 700 TAMPA, FL 33607		Mailing Address ATTN: TARA VENERACION 1050 CONNETICUT AVENUE NW WASHINGTON, DC 20036	
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>	
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGR ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGR SCESNEY, JOSEPHINE 85 BROAD STREET NEW YORK, NY 10004		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	MGR FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>			
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: 		1/13/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	