

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M09000003873

**FILED**  
**Aug 11, 2010**  
**Secretary of State**

**Entity Name:** HORIZON BAY HYDE PARK, L.L.C.

**Current Principal Place of Business:**

5426 BAY CENTER DRIVE, SUITE 600  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5426 BAY CENTER DRIVE, SUITE 600  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 27-0863426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

GWI INVESTMENTS, INC.  
1501 S. ARRAWANA AVE  
TAMPA, FL 33629 US

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:** GREG IGLEHART

08/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BEST, THILO  
**Address:** 5426 BAY CENTER DRIVE, SUITE 600  
**City-St-Zip:** TAMPA, FL 33609 US

**Title:** MGR  
**Name:** IGLEHART, GREG  
**Address:** 1501 S ARRAWANA AVE  
**City-St-Zip:** TAMPA, FL 33629 US

**Title:** MGR  
**Name:** TATE, SUSAN  
**Address:** 3760 KILROY AIRPORT WAY SUITE 300  
**City-St-Zip:** LONG BEACH, CA 90806 US

**Title:** MGR  
**Name:** KIRBY, THOMAS  
**Address:** 3760 KILROY AIRPORT WAY SUITE 300  
**City-St-Zip:** LONG BEACH, CA 90806 US

I hereby 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:** GREG IGLEHART

MGR

08/11/2010

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