


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90046 017 \*\*\*\*50.00

<b>DOCUMENT # M98000001012</b> 1. Entity Name <b>Horizon Two of Bradenton, LLC</b>	
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**DO NOT WRITE IN THIS SPACE**

**24081284**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


**240 N. Washington Blvd.**  
**7th Floor**  
**Sarasota, FL**  
**34236**

4. FEI Number <b>05-0861079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Daniel Branch</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>240 N. Washington Blvd.</b>	
City <b>Sarasota</b>	
State <b>FL</b>	Zip Code <b>34236</b>

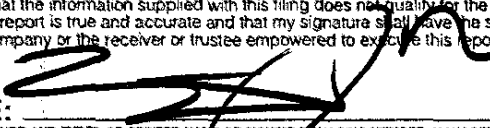
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>7/22/04</b>

**CED**

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>	
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9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGR</b>	<b>Kern, Martin J.</b>	<b>240 N Washington Blvd.</b>
		<b>Sarasota, FL</b>	<b>34236</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE <b>7/22/04</b> (941) 925-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)