2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001226

1. Entity Name HORIZON THREE, LLC



Principal Place of Business

240 N. WASHINGTON BLVD 7TH FLOOR

SARASOTA, FL 34236

Mailing Address

240 N. WASHINGTON BLVD 7TH FLOOR SARASOTA, FL 34236

FILED Jun 03, 2005 8:00 am Secretary of State

06-03-2005 90502 001 ***900.00

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04182005 No Chg-LLC

CR2E083 (10/03) -

4. FEI Number 59-3533519

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCH, DAN 240 N WASHINGTON BLVD 7TH FLOOR SARASOTA, FL 34236

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SARASOTA, FL 34236		IN THIS SPACE
	named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable.		(NOTE: Registered Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	KERN, MARTIN J	
STREET ADDRESS	240 N. WASHINGTON BLVD. 7TH FLOOR	· ·
CITY-ST-ZIP	SARASOTA, FL 34236	
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NAME		, · · · · · · · · · · · · · · · · · · ·
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have me 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 provide the receiver or trustee empowered to provide the receiver of trustee empowered to provide the receiver or trustee empowered to provide the receiver of the receiver or trustee empowered to provide the receiver or trustee empowered to provide the receiver or trustee empowered to provide the receiver or trus

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SAIDS

(941)925-3490

Daytime Phone #