2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000000699

1. Entity Name
HORIZON JACKSONVILLE SOUTH LLC

Principal Place of Business	Mailing Address
240 N. UNIVERSITY BLVD 7TH FLOOR SARASOTA, FL 34236	240 N. UNIVERSITY BLVD 7TH FLOOR SARASOTA, FL 34236

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04182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number | Applied For
65-0910384 | Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KERN, MARTIN J
STREET ADDRESS	240 N. WASHINGTON BLVD. 7TH FLOOR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____   3/19/05   (941)923-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #