



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 135822		2. Exact name of the limited liability company Horizon Hangars, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island The company rents aircraft storage space.			
5. Principal office address 660 Airport Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Georges Valtz			Company Title President		
Street Address Same		City	State	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GEORGES E. VALTZ			Address		
Address 660 AIRPORT ROAD			City WARWICK	Zip 02886	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 11/16/05 *135822*

Check No. 5034

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/4/05
Signature of Authorized Person Date

Georges E. Valtz
Print or Type Name of Authorized Person



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Manager Name Above is only partner		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GEORGES E. VALTZ		Address 660 AIRPORT ROAD	
Address 320 Wayland		City WARWICK	Zip
		Providence RI 02906	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 5 8 2 2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person: [Signature] Date: 10/27/04

Print or Type Name of Authorized Person: Georges E. Valtz

135822 DLLC 10/19/04 09:47:21 AM

File Date: 10/29/04

Check No.: 5011

By: [Signature]

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