
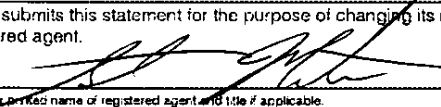


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

09 APR -1 PM 1:32

DOCUMENT # A07969			
1. Entity Name HORIZON ASSOCIATES, LTD.		Principal Place of Business 926 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  LEVIN, RICHARD M 7646 N. LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name: Steve Martin Street Address (P.O. Box Number is Not Acceptable): 925 S. Federal Hwy Suite 425 City: Boca Raton FL Zip Code: 33432	
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: 2/14/08	
Signature, typed or printed name of registered agent, and title if applicable.			
<p><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2008, Fee will be \$900.00</b></p> <p><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	625859	STREET ADDRESS	
NAME	WEST INVESTMENT CO., INC.	CITY-ST-ZIP	
STREET ADDRESS	925 SOUTH FEDERAL HWY SUITE 425		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #