


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 10 AM 9:37

DOCUMENT # A00000001237					
1. Entity Name SAMUEL HOROWITZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 8176 CASSIA DR. BOYNTON BEACH, FL 33437		Mailing Address 8176 CASSIA DR. BOYNTON BEACH, FL 33437			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
- Zip -		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, DANIEL CORPORATE CENTER AT BOCA RATON, #110 7777 GLADES ROAD BOCA RATON, FL 33434				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, word or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions In FLORIDA to date. 141.25		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000008794			STREET ADDRESS	
NAME	THE HOROWITZ, LLC			CITY- ST- ZIP	
STREET ADDRESS	8176 CASSIA DR				
CITY- ST- ZIP	BOYNTON BEACH, FL 33437				
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
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STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 <i>Beatrice Horowitz</i>				Date	3/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Charging Fee #	561-547-6565



02282005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1033495** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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