

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 02, 2006 08:00 AM
Secretary of State

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

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01072006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, DANIEL
CORPORATE CENTER AT BOCA RATON, #110
7777 GLADES ROAD
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # L00000008794
NAME THE HOROWITZ, LLC
STREET ADDRESS 8176 CASSIA DR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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11/14/06-R00006-025 500.00

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IN THIS SPACE**

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: Beatrice Horowitz BEATRICE HOROWITZ 2/23/06 561-363680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE