

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 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



02102007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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|-----------------------------------------------------------|---------------------------------------|
| 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, 2007, 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 # | 1.00000008794 |
| NAME | THE HOROWITZ, LLC |
| STREET ADDRESS | 8176 CASSIA DR |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |

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| STREET ADDRESS | |
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STAPLE CHECK HERE

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:

Seatrice Horowitz

2/13/07

561-736-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #