

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A0000001237  
 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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip 33472 Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip 33472 Country

03112008 Chg-LP CR2E003 (12/06)

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

5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	L0000008794
NAME	THE HOROWITZ, LLC
STREET ADDRESS	8176 CASSIA DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33472
STREET ADDRESS	
CITY-ST-ZIP	700123067607
STREET ADDRESS	04/11/00 01044 017 **500.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Beatrice Horowitz Partner* BEATRICE HOROWITZ X3/20/08 X561-736-3680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #