2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01072

Entity Name: THREE HORIZONS CONDOMINIUM, LTD.

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33467

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449

Current Mailing Address: New Mailing Address:

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33467

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449

FEI Number: 59-1232674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RISSMAN, RAINEY S
6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33467 US
RISSMAN, RAINEY S
6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

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.

SIGNATURE: 01/05/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

LAKE WORTH, FL 33449

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: RISSMAN, RAINEY S

Address: 6768 WILD ORCHID TRAIL Address:

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33449

Document #:

Name: PALMER, EVANGELINA M

Address: 6768 WILD ORCHID TRAIL Address:

City-St-Zip: LAKE WORTH, FL 33467

Document #:

Name: RISSMAN, SANFORD Address: 1552 SW 151 AVF

 Address:
 1552 SW 151 AVE.
 Address:
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAINEY S. RISSMAN G P 01/05/2008