

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01072

**FILED**  
**Jan 25, 2009**  
**Secretary of State**

**Entity Name:** THREE HORIZONS CONDOMINIUM, LTD.

**Current Principal Place of Business:**

6768 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

6768 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449

**New Mailing Address:**

**FEI Number:** 59-1232674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: RISSMAN, RAINEY S  
Address: 6768 WILD ORCHID TRAIL  
City-St-Zip: LAKE WORTH, FL 33449

Document #:

Name: PALMER, EVANGELINA M  
Address: 6768 WILD ORCHID TRAIL  
City-St-Zip: LAKE WORTH, FL 33449

Document #:

Name: RISSMAN, SANFORD  
Address: 1552 SW 151 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
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

GP

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date