

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # A02000000068	
1. Entity Name ALLEN AND ILENE HOROWITZ FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 3070 NORTH 35TH STREET HOLLYWOOD, FL 33021	Mailing Address 3070 NORTH 35TH STREET HOLLYWOOD, FL 33021



04082008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-6923716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOROWITZ, ALLEN
3070 NORTH 35TH STREET
HOLLYWOOD, FL 33021**

**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, 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 #	
NAME	HOROWITZ, ALLEN
STREET ADDRESS	3070 NORTH 35TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
DOCUMENT #	
NAME	HOROWITZ, ILENE
STREET ADDRESS	3070 NORTH 35TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000892929
04/23/08-80084-015 500.00

**DO NOT WRITE
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:

Allen Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/08
Date

Daytime Phone #

STAPLE CHECK HERE