plo 17047

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A0600000551 1. Entity Name HORIZON ACQUISITION, LTD.					2007 APR 2	LED 25 AM 10:	
Dalas in a 101	- of Dunings			SECRETA	RY OF STAT	rf	
Principal Place of Business C/O NEWPORT PROPERTY VENTRUES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134 Mailing Address C/O NEWPORT PROPER 3211 PONCE DE LEON CORAL GABLES, FL 33			BOULE		TALLAHASSEE, FLORIDA		
2. Principal P	3. Mailing Address	Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03282007	Chg-LP	CR2E003 (12/06)
City & Stati		City & State			4. FEI Number		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of		\$8.75 Additional Fee Required
	6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New Registered Agent			
SCUTRIS, CONSTANTINE C/O NEWPORT PROPERTY VENTRUES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134				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 -	Signature, typed or printed name of registered	soent and title if applicable					DATE DATE
	Signature, typed or printed harrie or registered	rayers and use in approcause.					- (NX
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00							9,20
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen						to change a ge	eneral partner.
12.	GENERAL PARTNER INFORMATION					ADDRESS CHA	NGES ONLY
DOCUMENT # NAME	L05000072921 AHR, LLC			EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	3211 PONCE DE LEON BOI CORAL GABLES, FL 33134	PONCE DE LEON BOULEVARD, SUITE 202 AL GABLES, FL 33134		-ST-ZIP	88610122p2no		
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DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		\triangle		'-ST-ZIP			
14. I hereby certify that the information supplied with his 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 she 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 readired by Chapter 620, Florida Statutes							