
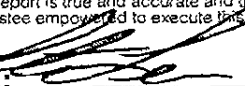


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # A07969 1. Entity Name HORIZON ASSOCIATES, LTD.			
Principal Place of Business 7646 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34243		Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEVIN, RICHARD M 7646 N. LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$800,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	625859	STREET ADDRESS	
NAME	WEST INVESTMENT CO., INC.	CITY - ST - ZIP	
STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD		
CITY - ST - ZIP	SARASOTA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Steven Levin, President February 23 2004 (865) 584-4175	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>



02202004 Chg-LP CR2E003 (10/03)

4. FEI Number **13-2997874** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

100000111599
04/13/04-80025-024 526.25

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