

Due By May 1, 2005

DOCUMENT # A07969

1. Entity Name  
HORIZON ASSOCIATES, LTD.



**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

13-2997874

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, RICHARD M  
7646 N. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243

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 agent and title if applicable.

DATE

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  
NAME WEST INVESTMENT CO., INC.  
STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD  
CITY-ST-ZIP SARASOTA, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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U00000314521  
04/18/05-80171-006 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

West Investment Co., Inc, General Partner  
Steven L. Levin, Secretary

Date

Daytime Phone #

3/21/05