
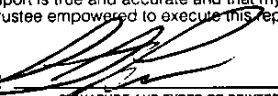


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 10 AM 10:28

<b>DOCUMENT # A07969</b> 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 925 South Federal Highway Suite, Apt. #, etc. Suite 425 Boca Raton, FL 33432 City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03092006 Chg-LP CR2E003 (11/05) 4. FEI Number 13-2997874 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	625859		STREET ADDRESS	925 South Federal Highway, Suite 425	
NAME	WEST INVESTMENT CO., INC.		CITY - ST - ZIP	Boca Raton, FL 33432	
STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS	600072366926	
NAME			CITY - ST - ZIP	04/27/06--01031--011 **500.00	
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NAME			CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		
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					
<b>SIGNATURE:</b> 			Steven Levin, Secretary 3/13/06 (561) 948-7100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE