

2007 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2007****FILED**
Feb 26, 2007 08:00 A
Secretary of State**DOCUMENT # A07969**1. Entity Name
HORIZON ASSOCIATES, LTD.

Principal Place of Business

926 SOUTH FEDERAL HWY
SUITE 425
BOCA RATON, FL 33432

Mailing Address

P.O. BOX 11229
KNOXVILLE, TN 37939**DO NOT WRITE IN THIS SPACE**

02062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

13-2997874

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | 625859 |
| NAME | WEST INVESTMENT CO., INC. |
| STREET ADDRESS | 925 SOUTH FEDERAL HWY SUITE 425 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |

| | |
|----------------|--|
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000647921
03/06/07-80031-021 500.00**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

Steven Levin, Secretary

2/14/07

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

General Partner

STAPLE CHECK HERE