2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A93000000110

1. Entity Name WORLD HORIZON LTD



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

910 S.W. 12TH AVE POMPANO BEACH, FL 33069 Mailing Address

7769 TRIESTE PLACE DELRAY BEACH, FL 33446



DO NOT WRITE IN THIS SPACE

01312006 No Chg-LP

CR2E003 (11/05)

4. FE! Number 65-0412325 Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SCHWEIBISH, RALPH 7769 TRIESTE PLACE DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or both, in the State of Florida	I am familiar with, and accept
	the obligations of registered agent.	U00004358	805
SIC	SNATURE	04/21/06-8003	805 11-023-500.00

Signature, lyped or printed name at registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 filled to change a general partner.

12. GENERAL FARTNER IN ONLY		GENERAL FARTNER IN CHIMATION
	DOCUMENT #	V62950
ŀ	name	WORLD HORIZON INC
- 1	STREET ADDRESS	7769 TRIESTE PLACE
- {	Caty: ST-ZiP	DELRAY BEACH, FL 33446
	DOCUMENT #	
ţ	HAME	
	STREET ADDRESS	
<u> </u>	CITY-ST-ZIP	
}	DOCUMENT #	
	NAME	
- 1	STREET ADDRESS	
	CITY-ST-ZIP	
}	DOCUMENT #	
- 1	NAME	
141	STREET ADDRESS	
E .	CITY-ST-ZIP	
CHECK HERE	DOCUMENT \$	
Ç,	NAME	
美	STREET ADDRESS]
ш	CITY-ST-ZIP	
STAPLE (DOCUMENT #	
5	NAME	{
	STREET ADDRESS	
}	CNY-57-21P	
	14. I hereby indicated	certify that the information supplied with this filling does not qualify for on this report is true and accurate and that my signature shall have the

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER RALPIT

Daytime Phone #