


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000249 1. Entity Name HORWITZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1141 NE 175 ST. N. MIAMI BCH., FL 33162			Mailing Address 1141 NE 175 ST. N. MIAMI BCH., FL 33162		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0468665	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOLCHIN, STEVEN B THE OAKS, STE. 202B 4330 SHERIDAN STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	1141 NE 175TH ST.		CITY - ST - ZIP		
CITY - ST - ZIP	NORTH MIAMI BCH., FL 33162		STREET ADDRESS		
DOCUMENT #	NAME		CITY - ST - ZIP		
STREET ADDRESS	1141 NE 175TH ST.		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BCH., FL 33162		CITY - ST - ZIP		
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03102004 Chg-LP CR2E003 (10/03)
 4. FEI Number 65-0468665
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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: _____