

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01072

Entity Name: THREE HORIZONS CONDOMINIUM, LLLP

Current Principal Place of Business:

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449

Current Mailing Address:

6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

FEI Number: 59-1232674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RISSMAN, RAINEY S
6768 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name RISSMAN, RAINEY S
Address 6768 WILD ORCHID TRAIL
City-State-Zip: LAKE WORTH FL 33449

Document #

Name PALMER, EVANGELINA M
Address PO BOX 3282
City-State-Zip: PONTE VERDE BEACH FL 32004

Document #

Name RISSMAN, JANE R
Address 6768 WILD ORCHID TRL
City-State-Zip: LAKE WORTH FL 33449

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAINEY RISSMAN

PRESIDENT

03/02/2023

Electronic Signature of Signing General Partner Detail

Date