

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001275

**Entity Name:** ROSE WOLFE FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

930 FIFTH AVENUE, 14-F  
NEW YORK, NY 10021

**Current Mailing Address:**

930 FIFTH AVENUE, 14-F  
NEW YORK, NY 10021

**FEI Number:** 65-0965234

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CUMMINGS, PAUL M  
1428 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 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 # P99000047575  
Name R.P.L.S., INC.  
Address 930 FIFTH AVENUE, 14-F  
City-State-Zip: NEW YORK NY 10021

*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:** PAULA W. BRILL

**PRESIDENT**

**01/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date