


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001567</b> 1. Entity Name <b>THE RUTH ROSEN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4504 QUEEN PALM LANE          TAMARAC, FL 33319</b>			Mailing Address <b>4504 QUEEN PALM LANE          TAMARAC, FL 33319</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1068110</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSEN, RUTH          4504 QUEEN PALM LANE          TAMARAC, FL 33319</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSEN, RUTH TRUSTEE          4504 QUEEN PALM LANE          TAMARAC, FL 33319</b>		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>COHEN, MARCIA TRUSTEE          19388 CEDAR GLEN DRIVE          BOCA RATON, FL 33434</b>		STREET ADDRESS CITY-ST-ZIP	<b>100000208735          02/02/05-80005-010 526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSEN, MARVIN TRUSTEE          19569 ISLAND COURT DRIVE          BOCA RATON, FL 33434</b>		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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					
<b>SIGNATURE:</b> <i>Marcia Cohen</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE