

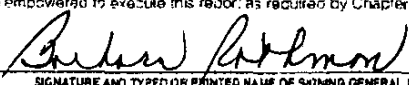
2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA

DOCUMENT # A02000000796			
1. Entity Name BARBARA ROTHMAN FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 23 NORTHWOODS LANE BOYNTON BEACH, FL 33436		Mailing Address 23 NORTHWOODS LANE BOYNTON BEACH, FL 33436	
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 01-0714804		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHMAN, BARBARA TRUSTEE 23 NORTHWOODS LANE BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
9. Capital Contributions as Shown on record \$30,000.00		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	
NAME	ROTHMAN, BARBARA TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	23 NORTHWOODS LANE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
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STREET ADDRESS			
CITY-ST-ZIP			
14. I, _____, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(c), Florida Statutes. I further certify that the information disclosed 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: 		4/26/05 561-732-2241	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE

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