

FILED

2003 MAY -8 AM 10:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**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

State, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable.

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 #	ROTHMAN, BARBARA TRUSTEE	STREET ADDRESS	
NAME	23 NORTHWOODS LANE	CITY-STATE-ZIP	
STREET ADDRESS	BOYNTON BEACH, FL 33436		
CITY-STATE-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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: *Barbara Rothman* *May 1, 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Original Form 1



CFR003 (10/02)

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