

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30608**

1. Entity Name  
**ROTHMAN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

Mailing Address  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3030013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LANE, CAROL R.**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

**DO NOT WRITE**  
**IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LANE, CAROL R.**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GREEN, MARGIE R.**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WYGLE, NANCY R.**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000629490  
02/19/07-80004-001 500.00

**DO NOT WRITE**  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Carol R. Lane**

Date

**1/23/07**

Daytime Phone #

**727-545-9555**

STAPLE CHECK HERE