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

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

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1. Entity Name

ROTHMAN FAMILY LIMITED PARTNERSHIP

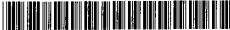


Principal Place of Business

5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781

Mailing Address

5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781



CR2E003 (12/06)

## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired S8.75 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

01182007 No Chq-LP

В.	he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. If an identification with, and above	μı
	ne obligations of registered agent.	
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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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # LANE, CAROL R. STREET ADDRESS 5700 70TH AVENUE NORTH CITY-ST-ZIP PINELLAS PARK, FL 33781 GREEN, MARGIE R. NAME STREET ADDRESS 5700 70TH AVENUE NORTH CITY-ST-ZIP PINELLAS PARK, FL 33781 DOCUMENT # WYGLE, NANCY R. STREET ADDRESS 5700 70TH AVENUE NORTH CITY - \$1-ZIP PINELLAS PARK, FL 33781 DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

Signature, typed or printed name of registered agent and http://applicable

U00000629490 02/19/07-80004-001 500.00

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:** 

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carol R Lane

1/23/07

727-545-9555