

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 SEP -6 AM 9:49

<b>DOCUMENT # A94000000376</b>					
<b>1. Entity Name</b> ROTHSCCHILD-GOLDMAN FAMILY LIMITED PARTNERSHIP, L.L.P. (IMAGED UNDER LLP000000050)					
<b>Principal Place of Business</b> 5560 CLIPPER COURT NEW PORT RICHEY, FL 34652			<b>Mailing Address</b> 5560 CLIPPER COURT NEW PORT RICHEY, FL 34652		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3239701	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GOLDMAN, STEPHEN A M.D. 5560 CLIPPER COURT NEW PORT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE <u>STEPHEN A GOLDMAN, M.D.</u> <u>8-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable.      DATE</small>					
<b>9. Capital Contributions as Shown on record.</b> \$846,667.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<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	GOLDMAN, STEPHEN A M.D. 5560 CLIPPER COURT NEW PORT RICHEY, FL 34652		STREET ADDRESS CITY-ST-ZIP		
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<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>General Partner</u> <u>8/21/05</u> <u>727-848-7823</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #</small>					

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