

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000000376

**FILED**  
**Apr 17, 2006**  
**Secretary of State**

**Entity Name:** ROTHSCHILD-GOLDMAN FAMILY LIMITED PARTNERSHIP, L.L.P.  
LLP000000050)

(IMAGED UNDER

**Current Principal Place of Business:**

5560 CLIPPER COURT  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5560 CLIPPER COURT  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3239701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMAN, STEPHEN A M.D.  
5560 CLIPPER COURT  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: GOLDMAN, STEPHEN A M.D.

Address: 5560 CLIPPER COURT

City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN A GOLDMAN

Electronic Signature of Signing General Partner

04/17/2006

Date