

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000376

**FILED**  
**Apr 21, 2011**  
**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:**

19730 GULF BLVD  
UNIT 500  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

5560 CLIPPER COURT  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

19730 GULF BLVD  
UNIT 500  
INDIAN SHORES, FL 33785

**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:**

GOLDMAN, STEPHEN A M.D.  
19730 GULF BLVD UNIT. 500  
UNIT 500  
INDIAN SHORES, FL 33785 US

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: STEPHEN GOLDMAN

04/21/2011

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: 19730 GULF BLVD UNIT. 500

City-St-Zip: INDIAN SHORES, FL 33785

I hereby 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 GOLDMAN

DR

04/21/2011

Electronic Signature of Signing General Partner

Date