2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

STAPLE

SIGNATURE: 5

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CONTERATIONS DOCUMENT # A95000000770 06 FEB -8 AH 10: 42 1. Entity Name ROTH FAMILY LTD. Principal Place of Business Mailing Address 1620 EAST BROAD STREET SUITE 708 1620 EAST BROAD STREET SUITE 708 COLUMBUS, OH 43203 COLUMBUS, OH 43203 2. Principal Place of Business 3. Mailing Address <u>1784 Boni</u> <u> 17784 B</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number BOG 70 65-0605289 Not Applicable $\alpha \mathcal{X}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, DAVID B Street Address (P.O. Box Number is Not Acceptable) 17031 BOCA CLUB BOULEVARD, APT. #83A BOCA RATON, FL 33487 City 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. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS ROTH, BRUCE I NAME 900065854769 02/14/06--01056--024 **50 STREET ADDRESS 1620 EAST BROAD STREET SUITE 708 CITY-ST-ZIP **500.00 CITY-ST-ZIP COLUMBUS, OH 43203 DOCUMENT # STREET ADDRESS ROTH DAVID, BARBARA NAME STREET ADDRESS 2775 ELM AVE. CITY-ST-7IP CITY-ST-ZIP BEXLEY, OH 43209 DOCUMENT # STREET ADDRESS NAME BLECHMAN, BETSY STREET ADDRESS -17784 BONIELLO DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33496 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-GT-ZIP 14. • 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