


**-2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # A95000001559	
1. Entity Name ROTHSTEIN FAMILY LTD.	

Principal Place of Business 1201 SOUTH OCEAN DR. #2006 NORTH HOLLYWOOD, FL 33019	Mailing Address 1201 SOUTH OCEAN DR. #2006 NORTH HOLLYWOOD, FL 33019
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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01162005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0608049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROTHSTEIN, MALCIA 1201 SOUTH OCEAN DR. #2006 NORTH HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,212,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000061862	STREET ADDRESS	
NAME	MALROTH, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	1201 SOUTH OCEAN DR., #2006 NORTH		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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01/26/05-80081-016 526.25

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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

SIGNATURE: *Malcia Rothstein* 1-21-05 954-922-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daverne Phone #