

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -4 AM 9:27

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001158

The Rolsky Family Limited Partnership

Mailing Address
See Block 2

Principal Office Address
6020 N.W. 64th Ave.
Apt. 204
Tamarac, FL 33319

3. Date Formed or Registered
June 17, 1996

**5a. Capital Contributions as
Shown on record.**

3a. Date of Last Report
N/A

\$1,979,682.50

4. State or Country of Formation
Florida

**5b. Amount of Capital
Contributions in FLORIDA
to date:**
\$1,979,682.50

2. Mailing Address
Rudman & Winchell

2a. Principal Office Address

Suite, Apt. #, etc.
P.O. Box 1401
City & State
Bangor, ME

Suite, Apt. #, etc.
City & State

Zip Country
04402-1401 USA

Zip Country

6. FEI Number

01-0507349

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Samuel Rolsky
6020 N.W. 64th Ave., Apt. 204
Tamarac, FL 33319

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

Samuel Rolsky

6020 N.W. 64th Ave.
Apt. 204

Tamarac, FL 33319

Sylvia Rolsky

6020 N.W. 64th Ave.
Apt. 204

Tamarac, FL 33319

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Samuel Rolsky
Samuel Rolsky

DATE

Dec 2, 1996

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (954) 721-8945

CR2E003 (6/96)