

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 Division of Corporations		FILED 96 DEC 18 AM 9:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership ROTHMAN INVESTMENTS FLORIDA, LTD.		1a. DOCUMENT # A9 6000001696 97-AR CM			
Mailing Address Principal Office Address		3. Date Formed or Registered 9/11/96		5a. Capital Contributions as Shown on record 7,425.00 \$1,670,000.00	
		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$1,670,000.00	
2. Mailing Address 5700 70TH AVENUE NORTH		2a. Principal Office Address 5700 70TH AVENUE NORTH		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3400825 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State PINELLAS PARK, FL		City & State PINELLAS PARK, FL		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33781 Country USA		Zip 33781 Country USA		8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MAURICE A. ROTHMAN 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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					
ROTHMAN CORP		5700 70TH AVENUE NORTH		PINELLAS PARK, FL 33781	
V71998					
7000002035177--4 -12/20/96--01075--012 ***576.25 ***578.25					
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 <u>Maurice A. Rothman</u> DATE <u>11/20/96</u>					
Typed or Printed Name of General Partner Signing Form MAURICE A. ROTHMAN, PRES ROTHMAN CORP Daytime Telephone Number 813-545-9555					

CR2E003 (6/96)