

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 DEC 24 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
ROTHMAN INVESTMENTS FLORIDA, LTD.

1a. DOCUMENT #
A96000001696

| | | | | | |
|--|--|---|--|---|---|
| Mailing Address 5700 70TH AVENUE, NORTH PINELLAS PARK FL 33781 | | Principal Office Address 5700 70TH AVENUE, NORTH PINELLAS PARK FL 33781 | | 3. Date Formed or Registered 09/11/1996 | 5a. Capital Contributions as Shown on record. \$1,670,000.00 |
| | | | | 3a. Date of Last Report 12/01/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$1,670,000.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 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 | | City & State | | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent ROTHMAN, MAURICE A 5700 70TH AVENUE, NORTH PINELLAS PARK FL 33781 | 10. If changed, new Registered Agent/Office Name Thelma P. Rothman Street Address (P.O. Box Number Is Not Acceptable) 5700 70th Avenue North Suite, Apt. #, etc. City Pinellas Park FL Zip Code 33781 |
|--|---|

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.

Thelma P. Rothman
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) ROTHMAN CORP. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5700 70TH AVENUE, NOR | 11b. City, State & Zip Code PINELLAS PARK FL 3378 | 11c. Registration/ Document Number V71998 |
|--|---|--|---|

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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 *Thelma P. Rothman*

DATE

Typed or Printed Name of General Partner Signing Form *Thelma P. Rothman, as President* Daytime Telephone Number *727-545-9555*

of Rothman Corp

CR2E003 (8/98)