

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
May 04, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A96000001696**  
1. Entity Name  
**ROTHMAN INVESTMENTS FLORIDA, LTD.**



Principal Place of Business  
**5700 70TH AVENUE, NORTH  
PINELLAS PARK, FL 33781**

Mailing Address  
**5700 70TH AVENUE, NORTH  
PINELLAS PARK, FL 33781**



2. Principal Place of Business  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3400825**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**5. Name and Address of Current Registered Agent**

**ROTHMAN, THELMA P  
5700 70TH AVENUE, NORTH  
PINELLAS PARK, FL 33781**

**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. **\$1,670,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 1,670,000.00**

**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                         |   | 13. ADDRESS CHANGES ONLY |  |
|---|---|--------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V71998<br/>ROTHMAN CORP.<br/>5700 70TH AVENUE, NORTH<br/>PINELLAS PARK, FL 33781</b> | STREET ADDRESS           |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>1100000158778<br/>05/10/04-20004-002 536.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |  |
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STAPLE CHECK HERE

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:** *Thelma P. Rothman* **Thelma P. Rothman** 4/13/04 727-545-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #