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 26 AM 11:27

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1. Name of Limited Partnership

Risman Stuart Retail Ltd.

1a. DOCUMENT # A96000002425

Mailing Address
24500 Chagrin Boulevard
Suite 200
Beachwood, Ohio 44122

Principal Office Address
24500 Chagrin Boulevard
Suite 200
Beachwood, Ohio 44122

3. Date Formed or Registered: 12/18/96

3a. Date of Last Report: ---

4. State or Country of Formation: Florida

5a. Capital Contributions (as shown on record): $7,500.00

5b. Amount of Capital Contributions in FLORIDA to date: $7,500.00

2. Mailing Address: ---
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address: ---
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number: 34-1848245 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $5.75 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

Risman, Robert R.
2730 So. Ocean Drive
Suite 704
Palm Beach, Florida 33480

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 Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
Risman Retail Corp.	24500 Chagrin Blvd. Ste. 200	Beachwood, Ohio 44122	P96000102359

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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 [signature] DATE 12/24/96

Risman Retail Corp.
By: William B. Risman, Treas./Secy.
Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (216) 464-5130