


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	
1. Name of Limited Partnership RISMAN STUART RETAIL LTD.		1a. DOCUMENT # A96000002425	
Mailing Address 24500 CHAGRIN BLVD., STE 200 BEACHWOOD OH 44122		Principal Office Address 24500 CHAGRIN BLVD., STE 200 BEACHWOOD OH 44122	
2. Mailing Address _____		2a. Principal Office Address _____	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip _____ Country _____		Zip _____ Country _____	
3. Date Formed or Registered 12/18/1996		5a. Capital Contributions as Shown on record. \$7,500.00	
3a. Date of Last Report 12/22/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$7,500.00	
4. State or Country of Formation FL		6. FEI Number 34-1848245 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 RISMAN, ROBERT R 2730 SO. OCEAN DRIVE, SUITE 704 PALM BEACH FL 33480		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State 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) RISMAN RETAIL CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 24500 CHAGRIN BLVD., Ste. 200	11b. City, State & Zip Code BEACHWOOD OH 44122	11c. Registration/ Document Number P96000102359
0000002747550--8 -01/20/99--01043--001 ****141.25 ****141.25			
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 _____ Typed or Printed Name of General Partner Signing Form BY: William B. Risman, Treas/Secy.		DATE 12/3/98 Daytime Telephone Number 216-464-5130	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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