


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002425	
1. Entity Name RISMAN STUART RETAIL LTD.	

Principal Place of Business 3118 SW FEDERAL HWY. STUART, FL 34994	Mailing Address 24500 CHAGRIN BLVD., SUITE 200 BEACHWOOD, OH 44122
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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03102004 Chg-LP CR2E003 (10/03)

4. FEI Number 34-1848245	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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RISMAN, ROBERT R 2730 SO. OCEAN DRIVE, SUITE 704 PALM BEAH, FL 33480	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. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date. (\$626,532.98)
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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 #	P96000102359	STREET ADDRESS	U000000114376
NAME	RISMAN RETAIL CORP.	CITY-ST-ZIP	04/15/04-80047-011 141.25
STREET ADDRESS	24500 CHAGRIN BLVD., STE 200		
CITY-ST-ZIP	BEACHWOOD, OH 44122		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:  **William B. Risman, Partner** 4/1/04 2167 464-5130

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