## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Feb 09, 2007 08:00 A tate

DOCUMENT # B0200000274  1. Entity Name ROTHMAN ENTERPRISES GEORGIA, L.P.					İ	Secr	etary of S	
5700 70TH	ce of Business AVENUE NORTH ARK, FL 33781	Mailing Address 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781				 	TIJE HADIK ZDENI OKONOMI OK JEDA	
DO NOT WRITE IN THIS SPA			CE	01182007 No 0 4. FEI Number 88-036929 5. Certificate of S	Chg-LP	CR2E003 (12/06)  Applied For Not Applicable  \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  LANE, CAROL R  5700 70TH AVENUE NORTH  PINELLAS PARK, FL 33781			DO NOT WRITE IN THIS SPACE					
8. The above the obliga SIGNATURE	tions of registered agent.  Signature, typed or printed name of registere  FILE	ent for the purpose of changing its register  agent and title if applicable  NOWIII FEE IS \$500.00  1, 2007, Fee will be \$900.00	red office or register	red agent, or both, in	the State of Flo	nida. I am DATE	familiar with, and accept	
12.	A GENERAL PARTN NOTE: General Partner	ER THAT IS A BUSINESS ENTITY AS MAY NOT be changed on the form	MUST BE REGIS n; an amendmer	TERED AND ACT	IVE WITH TH c change a ge	IS OFFIC eneral pa	E. rtner.	
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	P02000075145 ROTHMAN VENTURES, IN 5700 70TH AVENUE NORT PINELLAS PARK, FL 3378	С. Н		(	U00000 02/20/07-	)63036 -80003	:7 :-001 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP			DO NOT WRITE IN THIS SPACE					
CITY-ST-ZiP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME							,	

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER