


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L97000000077	
ROTH BROTHERS INVESTMENT SERVICES, L. C. 2720 S. W. 15TH STREET, CB59 DELRAY BEACH, FL. 33445		1a. Principal Place of Business Address 2720 S. W. 15TH STREET, CB59 DELRAY BEACH, FL. 33445	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	C/O S ROTH 433 S Main ST SUITE 303	1/16/97	FLORIDA
City & State	City & State WEST HARTFORD, CT	4. FEI Number 06-1473527	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
06110	USA		\$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
RICHARD SHLOMBERG 5109 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445-4369		Name Street Address (P.O. Box Number is Not Acceptable) 500002477175--5 Suite, Apt. #, etc. -04/02/98--01084--021 ****188.75 ****188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JEROME S. ROTH, D.M.D., P.C.	37 TIMBERWOOD	WEST HARTFORD, CT 06117
MGRM	STUART ROTH	CORPORATE CENTER WEST 433 SOUTH MAIN STREET, SUITE 303	WEST HARTFORD, CT 06110
11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			