2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

SECRETARY OF STATE

DOCUMENT # A0000000262 1. Entity Name ROSS FAMILY LIMITED PARTNERSHIP				_,,,,		AM IO: 11	
Principal Place of Business 2440 SE BAHIA WAY STUART, FL 34996	Mailing Address 2440 SE BAHIA WAY STUART, FL 34996		Q		IDEN BEN ADNA BENA	ADUK ADUK ARUK SIDER ETICH KRUNK	11 11 1
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02042005	Chg-LP	CR2E003 (10/03)	
City & State	City & State	City & State		4. FEI Number 65-098157	7		ied For Applicable
Zip - Countr	ry Zip	Count	try	5. Certificate of St		\$8.75 Addition Fee Required	onal
6. Name and Ado	fress of Current Registered Agent		Name	7. Name and Add	ress of New Re	egistered Agent	
ROSSCORP, INC. 2440 SE BAHIA WAY			Street Address (P.O. Box Number is I	Not Acceptable)	
STUART, FL 33996							
			City			FL Zip Code	
the obligations of registered age		ts registere	ed office or register	ed agent, or both, in	the State of Flo		d accept
Signature, typed or printed no	eme of registered agent and title it applicable.	ital Castill				DATE	
	0,000.00 10. Amount of Cap in FLORIDA to	date.	O	FEREN AND ACT	IVE WITH TH	IS OFFICE	
NOTE: Gener	al Partners MAY NOT be changed on	the form		t must be filed to		neral partner.	
12. GE DOCUMENT / P00000013794	NERAL PARTNER INFORMATION	13.	ET ADDRESS		ADDRESS CHA	WGES ONLY	
NAME ROSSCORP, INC STREET ADDRESS 2440 SE BAHIA V CITY-ST-ZIP STUART, FL 349	VAY		-ST-ZIP				
DOCUMENT / NAME		STRE	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP				
DOCUMENT # NAME		STRE	EET ADORESS	02/23/	10047 1050104	143802 1014 **141	. 25
STREET ADDRESS CITY-ST-ZIP		СПҮ	'-ST-ZIP				
DOCUMENT / NAME		STRE	EET ADDRESS			_	
STREET ADDRESS CITY-ST-ZIP		слү	r-St-ZIP				
DOCUMENT # NAME		STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY	(+ST-ZIP				
DOCUMENT # NAME		STR	EET ADORESS				
STREET ADDRESS : CITY-ST-ZIP			Y-ST-ZIP				
14. I hereby certify that the information indicated on this report is true the receiver or trustee empower.	ation supplied with his filing does not qualify and accurate and that my signature shall have ered to execute this laport as required by Chi	for the exerve the sam napter 620,	emption stated in Si le legal effect as if i Florida Statutes	ection 119.07(3)(i), F made under oath: th	lorida Statutes. at I am a Genera	I further certify that the info al Partner of the limited par	ormation tnership o
SIGNATURE: X	NATURE AND TYPED OR PRINTED NAME OF SIGNING GEN	ERAL PARTN	ER	<i>J</i>	Date	Daytime Phone #	