2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000000262 DOCUMENT

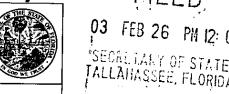
1. Entity Name

Principal Place of Business 2440 SE BAHIA WAY

ROSS FAMILY LIMITED PARTNERSHIP



FILED, 03 FEB 26 PM 12: 06 SECALIARY OF STATE JALLAHASSEE, FLORIDA



Principal Place of Business 2440 SE BAHIA WAY STUART FL 34996			Mailing Address 2440 SE BAHIA WAY STUART FL 34996				T I I I I I I I I I I I I I I I I I I I		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Numbe		Applied For	
Zip	Country	·	Zip Country		5. Certificate	of Status Desired	Not Applicable \$8.75 Additional		
	6. Name and Addr	stered Agent			7. Name and	Address of New Register	Fee Required ed Agent		
ROSSCO	RP. INC.			Name					
	BAHIA WAY		Street Address		dress (P.O. Box Numbe	s (P.O. Box Number is Not Acceptable)			
STIJART FL 33996					The state of the s				
- W				i					
;			City			*		Zip Code	
8. The above the obliga	e named entity submits t tions of registered agent	nis statement for the	purpose of changing its	registere	d office or	egistered agent, or both		am familiar with, and accept	
SIGNATURE		 .						,	
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital							DAT	<u> </u>	
as Shown on record. in FLORIDA to da				ate.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
	NOTE: General	Partners MAY N	IS A BUSINESS EN OT be changed on th	TITY MU ne form;	JST BE R an amen	EGISTERED AND A dment must be filed	CTIVE WITH THIS OFFI I to change a general p	ICE. Partner	
12. GENERAL PARTNER INFORMATION				13.					
DOCUMENT / NAME	P00000013794 ROSSCORP, INC.				T ADDRESS	10			
STREET ADDRESS	2440 SE BAHIA WA	Υ			· · ·	·			
CITY-ST-ZIP	STUART FL 34996	•			ST-ZIP	70	700013099407		
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STREET ADORESS CITY-ST-ZIP				CITY-S	ST-ZIP		-		
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CITY-ST-ZIP				CITY-S	ST-ZIP	150			
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CITY-ST-ZIP	<u>.</u>	<u>-</u> .	<u> </u>	CITY-S	T-ZIP				
DOCUMENT #				STREET	ADDRESS				
NAME Street address				JINEE					
CITY-ST-ZIP				CITY-S	T-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 according 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 his report as required by Chapter 620, Florida Statutes

SIGNATURE: 1