


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED

04 JUL 30 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001612				
1. Entity Name A&G ROSS FAMILY LTD.				
Principal Place of Business 5410 RED CYPRESS LANE TAMARAC FL 33319		Mailing Address 5410 RED CYPRESS LANE TAMARAC FL 33319		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number AP-PLIED FOR		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		



MOORE CR2E003 (4/04)

6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. 3325 S. UNIVERSITY DRIVE 210 DAVIE FL 33328				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$1,200,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>					

**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 #	NAME	STREET ADDRESS	
	ROSS, ALBERT D		
STREET ADDRESS	5410 RED CYPRESS LANE	CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL 33319		
DOCUMENT #	NAME	STREET ADDRESS	
	ROSS, GERTRUDE		
STREET ADDRESS	5410 RED CYPRESS LANE	CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL 33319		
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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: *Albert D Ross* **7/15/04** **9544325000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #