


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUL 24 AM 8:21

DOCUMENT # A0200Q001612
 1. Entity Name
 A&G ROSS FAMILY LTD.



Principal Place of Business 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328 FL	Mailing Address 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328 FL
---	---

DO NOT WRITE IN THIS SPACE



01112008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0921097	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSS REALTY INVESTMENTS, INC.
 3325 S. UNIVERSITY DRIVE
 210
 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROSS, ALBERT D 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROSS, GERTRUDE DECEASED 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

800121198998
 03/25/08--01023--001 **500.00

DO NOT WRITE IN THIS SPACE

W

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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: Albert D. Ross PRES. PROPERTY MEMBER Date: 1-15-08 Daytime Phone #: 954-452-5000