


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000967
AT

DOCUMENT # A02000001612

1. Entity Name
A&G ROSS FAMILY LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 11 PM 3:16
Wg/23

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *Albert D. Ross* DATE **9-9-03**

9. Capital Contributions as Shown on record. **\$1,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,200,000**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	ROSS, ALBERT D	STREET ADDRESS	
NAME	5410 RED CYPRESS LANE	CITY-ST-ZIP	09/11/03--01052--003 **926.25
STREET ADDRESS	TAMARAC FL 33319		
CITY-ST-ZIP			
DOCUMENT #	ROSS, GERTRUDE	STREET ADDRESS	
NAME	5410 RED CYPRESS LANE	CITY-ST-ZIP	
STREET ADDRESS	TAMARAC FL 33319		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000022965800
NAME		CITY-ST-ZIP	09/11/03--01052--003 **926.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-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 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* SIGNATURE REQUIRED DATE: **9-9-03** DAYTIME PHONE #: **954-733-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/03)