

# 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

W9/23

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS REALTY INVESTMENTS, INC.  
3325 S. UNIVERSITY DRIVE  
210  
DAVIE FL 33328

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

9-9-03

DATE

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

STREET ADDRESS

CITY-ST-ZIP

09/11/03--01052--003 \*\*926.25

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

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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

9-9-03 954-733-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)