2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A05000001520

1. Entity Name

B&D ROSS GRANDCHILDREN, LLLP



FILED
Mar 24, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

3325 S UNIVERSITY DRIVE

3325 S UNIVERSITY DRIVE

210

DAVIE, FL 33328 US

DAVIE, FL 33328 US



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3236527

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ROSS, BARRY G 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

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

DATE

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, BARRY G 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
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| DOCUMENT # | |

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DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

PICHATURE AND TYPER OF PRINTED MANS OF SIGNING COMES A SARTIST

- 1-15-08

954-452-5000

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