

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 23 PM 1:18

SECRETARY OF STATE



1. Name of Limited Partnership		1a. DOCUMENT # A24034	
ROSS FAMILY VENTURES, LTD.			
Mailing Address % SCHULMAN 18 PINE TREE DR. GREAT NECK NY 11024		Principal Office Address % SCHULMAN 18 PINE TREE DR. GREAT NECK NY 11024	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 12/31/1986	5a. Capital Contributions as Shown on record \$5,597,000.00
3a. Date of Last Report 09/19/1997	5b. Amount of Capital Contributions in FLORIDA to date \$ 3,211,629.
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 13-3408068	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ROSS, BARBARA 6177 SUN BLVD. ISLE DEL SOL ST. PETERSBURG FL 33733	10. If changed, new Registered Agent/Office Name ROSS BARBARA Street Address (P.O. Box Number Is Not Acceptable) 6177 WYNN 8818 FROUDE AVE. Suite, Apt. #, etc. City SURFSIDE FL 33154
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) **Barbra Rose** DATE **2-16-99**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) ROSS, BARBARA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6177 SUN BLVD 617 WYNN 8818 FROUDE AVE	11b. City, State & Zip Code ST. PETERSBURG FL 337 SURFSIDE FL 33154	11c. Registration/ Document Number 2000002793602--8 -03/03/99-01062-017 ****525.25 ****525.25 3-1-99
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Barbra Rose** DATE **2-16-99**

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (12/98)