

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 30 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership ALFRED S. ROSS, LTD.	1a. DOCUMENT # B95000000009
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Mailing Address % MORRIS ENGELBERG, ESQ. 3230 STIRLING ROAD HOLLYWOOD FL 33021	Principal Office Address 2770 S. OCEAN BLVD., APT. 301N PALM BEACH FL 33480	3. Date Formed or Registered 01/06/1995	5a. Capital Contributions as Shown on record. \$0.00
		3a. Date of Last Report 04/28/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number <input type="checkbox"/> Applied For 65-0179442 <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent SHAW, TIMOTHY S ESQ. KIRK PINKERTON 720 SOUTH ORANGE AVE. SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____ DATE _____

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROSS, ALFRED S	% MORRIS ENGELBERG ES	HOLLYWOOD FL 33021	300002744633--3 -01/15/99--01103--009 ***141.25 ***141.25

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  DATE 12-28-98

Typed or Printed Name of General Partner Signing Form Alfred S. Ross Daytime Telephone Number 607 965-4000

CR2E003 (8/98)