
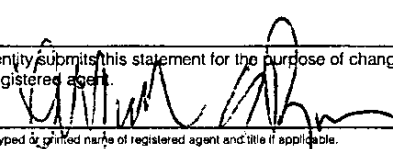
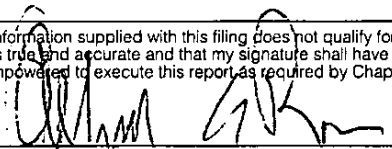


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000009					
1. Entity Name ALFRED S. ROSS, LTD.					
Principal Place of Business 2770 S. OCEAN BLVD., APT. 301N PALM BEACH, FL 33480			Mailing Address % MORRIS ENGELBERG, ESQ. 3230 STIRLING ROAD HOLLYWOOD, FL 33021		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0179442	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, TIMOTHY S ESQ. KIRK PINKERTON 720 SOUTH ORANGE AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name MORRIS ENGELBERG, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) ENGELBERG & MILGRIM, P.A. 3230 STIRLING ROAD, SUITE 1 City HOLLYWOOD FL Zip Code 33021		
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 				DATE 5/11/05	
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
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, ALFRED S		STREET ADDRESS		
NAME	% MORRIS ENGELBERG ESQ./3230 STIRLING RD.		CITY-ST-ZIP		
STREET ADDRESS	HOLLYWOOD, FL 33021			300055382822	
CITY-ST-ZIP				05/27/05--01005--003 **526.25	
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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: 				DATE 5/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE