


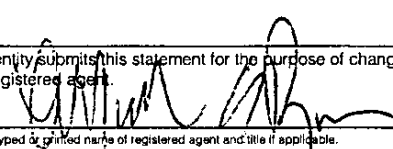
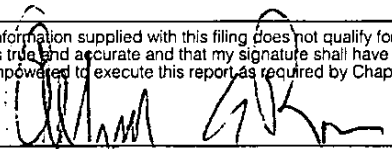
2005 LIMITED PARTNERSHIP ANNUAL REPORT

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		
Zip	Country	Zip	Country	4. FEI Number 65-0179442	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHAW, TIMOTHY S ESQ. KIRK PINKERTON 720 SOUTH ORANGE AVE. SARASOTA, FL 34236				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 4/11/05					
Signature, typed or printed name of registered agent and title if applicable.					
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			300055382823	
CITY-ST-ZIP				05/27/05--01005--003 **526.25	
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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 4/11/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Daytime Phone #					

STAPLE CHECK HERE