


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

fee 526.25  
**FILED**

**Feb 23, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A24221</b>			
1. Entity Name <b>ROYAL PLAZA NORTH, LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>		Mailing Address <b>675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>JONES, ROBERT D. 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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.			



MOORE CR2E003 (11/03)

4. FEI Number **59-2597416** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


9. Capital Contributions as Shown on record **\$300,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>SANTAMARIA, JESS R. 255 PONDEROSA COURT ROYAL PALM BEACH FL 33411</b>	STREET ADDRESS	<b>U00000082516 03/09/04-80032-030 526.25</b>
NAME		CITY-ST-ZIP	
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STAPLE CHECK HERE

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:**  **JESS R. SANTAMARIA** 01/26/04 (561) 793-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #