2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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SIGNATURE:

Feb 16, 2005 08:00 AM DOCUMENT # A24221 **Secretary of State** ROYAL PLAZA NORTH, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEi Number 59-2597416 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** 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. TIT FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed of priviled name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$300,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME SANTAMARIA, JESS R. STREET ADDRESS 255 PONDEROSA COURT CHTY-ST-ZIP CITY - ST - 71P ROYAL PALM BEACH FL 33411 DOCUMENT # 02/16/05-80001-015 526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-7P CITY ST ZIP

14. Thereby 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

FILED