

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

**FILED
Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A24221 1. Entity Name ROYAL PLAZA NORTH, LIMITED PARTNERSHIP	
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Principal Place of Business 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	Mailing Address 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent JONES, ROBERT D. 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	
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4. FEI Number 59-2597416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	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.

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

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SANTAMARIA, JESS R. 255 PONDEROSA COURT ROYAL PALM BEACH FL 33411
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	US0000259740 02/16/05-80001-015 526.25
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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:  4/19/05 (561) 793-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #