2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000818

1. Entity Name

ROYAL GRIFFIN, LTD.

FILED
01 APR 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 BOCA RATON FL 33487	6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0989968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELLESTAR MANAGEMENT CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: BELLESTAR MANAGEMENT LLC
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.

SIGNATURE: JEAN BLANCHARD Manager DATE: 03/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000,000.00		

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 #	L99000009412	STREET ADDRESS	
NAME	LEXSTAR ROYAL GRIFFIN, LLC	CITY-ST-ZIP	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY, N.W., SUITE 408		
CITY-ST-ZIP	BOCA RATON FL 33487		
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CITY-ST-ZIP			

CR2E003 (11/00)

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: SIGNATURE REQUIRED 03/21/2001 (561)994 5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #