

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:23

DOCUMENT # A99000000818

1. Entity Name
ROYAL GRIFFIN, LTD.



Principal Place of Business

6001 BROKEN SOUND PARKWAY, N.W., SUITE 418
BOCA RATON, FL 33487

Mailing Address

6001 BROKEN SOUND PARKWAY, N.W., SUITE 418
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

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

LEXSTAR U.S.A., CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 418
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # L99000009412
NAME LEXSTAR ROYAL GRIFFIN, LLC
STREET ADDRESS 6001 BROKEN SOUND PARKWAY, N.W., SUITE 418
CITY-ST-ZIP BOCA RATON, FL 33487

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

600069074006
03/31/06--01003--007 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/06

Date

Daytime Phone #

STAPLE CHECK HERE