

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

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
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2. Principal Place of Business - No P.O. Box # 6001 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 416 City & State Boca Raton FL Zip 33487 Country US		3. Mailing Address 6001 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 416 City & State Boca Raton FL Zip 33487 Country US	
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01092008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0989968	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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		7. Name and Address of New Registered Agent Name Lexstar U.S.A. Corp Street Address (P.O. Box Number is Not Acceptable) 6001 Broken Sound Pkwy NW Ste 416 City Boca Raton FL Zip Code 33487	
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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!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L99000009412 LEXSTAR ROYAL GRIFFIN, LLC 6001 BROKEN SOUND PARKWAY, N.W., SUITE 418 BOCA RATON, FL 33487	STREET ADDRESS CITY-ST-ZIP	6001 Broken Sound Pkwy NW Ste 416 Boca Raton, FL 33487
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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: JEAN BLANCHARD 01/30/08 (561) 994-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE