2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L000000167 1. Entity Name ROYAL HOUSE DEVELOPMENT, L.L.C. | | | | | | FILED | | | | | | |
|---|--|---|----------------------|-----------------|---|---|-----------------------------------|----------------|---------------------------|---------------------------------|------------------------|--|
| Principal Place 1408 WEST LA | | Mailing Address 1408 WEST LAKE DRIVE FORT LAUDERDALE FL 33316 | | | | OIFEB-I PM 5: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. # | ¥, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| City & State | | City & State | | | | 4. FEI Number Applied For Not Applied For Not Applied For | | | | | | |
| Zip | Country | Zip | itry | | 5. Certif | cate of Status | Desired | | \$5.00 Add | | | |
| RODRIGUEZ & ANGELO, P.A. 333 NORTH NEW RIVER DRIVE EAST SUITE 4000 FORT LAUDERDALE FL 33301 8. The above named entity submits this statement for the purpose of changing its regis | | | | | Street Address (Ro. Box Number is Not Acceptable) City FT LAVORDALE Ted office or registered agent, or both, in the State of Florida. | | | | | | | |
| SIGNATURE _ | Signature, types or printed name of registered agent a | nd title if applicable. (NOTE | : Registere | d Agent signatu | ure required w | hen reinstatin | | _************* | DATE | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of | | | | | | State | UUU | -02/1 | 3 / U.8 6/01 *50.00 | 3 41 € 01142 ***** | !——Ю -021 *50.00 | |
| 9. | MANAGING MEMBE | | 10. | | - 76 B | <u> </u> | AD | DITIONS | /CHANGES | | V : | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | (' ' ' ' | 140 | CE 1 | UUNG VEST LE DELDO | rce | DUVE | □ Change 2 | Addition | |
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| indicated of | ertify that the information supplied with on this report is true and accurate and in this company or the receiver or trustee the company of the receiver of | hat my signature shall have t | he same | e legal effe | ct as if ma | de under | oath; that I am rida Statutes. | n a manaç | ging membe | er or manage | nformation er of the | |
| ~·~·· | SIGNATURE AND TYPED OR PRINTED NAME OF | SIGNING MANAGING MEMBER, MAN | AGER, OR | AUTHORIZED | REPRESENT | TATIVE | Date | | | aytime Phone # | • | |