## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIAPLE CHECK HEND

DOCUMENT # A0100001367  1. Entity Name ROYO TOWER, LTD.							FILED  03 APR -4 PH 4: 11	
Principal Place of Business 8116 HIBISCUS CIRCLE TAMARAC FL 33321				Mailing Address 8116 HIBISCUS CIRCLE TAMARAC FL 33321			O3 APN SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing				uling Address			( 100) Bil ( 11) 100 I I I I I I I I I I I I I I I I I I	
Suite, Apt. #, etc.				iuite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State			, 0	City & State			4. FEI Number 65-1144496	Applied For Not Applicable
Zip Country		Z	Zip Coun		try		3.75 Additional e Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Age	
ROGOW, ARTHUR A 8116 HIBISCUS CIRCLE TAMARAC FL 33321						<u> </u>	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  Signature, typed or printed name of registered agent and title if applicable.  DATE								
9. Capital Contributions as Shown on record.  \$10,000.00  10. Amount of Capital in FLORIDA to day								
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 PARTNE			13.	· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ONLY	
DOCUMENT # YOUNG, PHILIP STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321					ł	ET ADDRESS -ST-ZIP		CR2E003 (10/02)
CITY-ST-ZIP DOCUMENT #	TAMARAC	FL 33321						B2E0
NAME		ARTHUR A SCUS CIRCLE EL 33321			ł	ET ADDRESS -ST-ZIP	80001528597 04/03/0301042004 **	<b>)</b> -
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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 AND TYPED OF FRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Date  Dayling Phone #								