

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A01602

1. Entity Name
ROYAL MANOR LIMITED OF TEXAS



FILED
05 APR 12 AM 11:50
SEAL
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O WILLIAM J. CONDREN
450 PARK AVENUE, SUITE 1802
NEW YORK, NY 10022

Mailing Address
C/O WILLIAM J. CONDREN
450 PARK AVENUE, SUITE 1802
NEW YORK, NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012004 REIN-LP CR2E100 (6/04)

4. FEI Number

75-1381633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUEMLER, R. LEIGH
C/O LANE MITTENDORF c/o Windels Marx Lane &
3461 BONITA BLVD., #105 Mittendorf
BONITA SPRINGS, FL 34134 9990 Coconut Road-Suite 101
Bonita Springs, FL 34135

Name

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. 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.

\$183,645.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 CONDREN, WILLIAM J.
STREET ADDRESS 450 PARK AVENUE, SUITE 1802
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

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CITY-ST-ZIP

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 OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dec 2, 2004 (212) 758-5940

Date

Daytime Phone #

William J. Condren, General Partner

STAPLE CHECK HERE