

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01602

1. Entity Name
ROY-MAN LIMITED



05 MAY -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business C/O William J. Condren 225 West 35th St., Ste.302 New York, NY 10001	Mailing Address C/O William J. Condren 225 West 35th St., Ste.302 New York, NY 10001
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04182006 Chg-LP CR2E003 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 75-1381633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUEMLER, R. LEIGH
C/O WINDELS MARX LANE & MITTENDORF
561 Nightingale Lane
West Palm Beach, FL 33480**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CONDREN, WILLIAM J. 225 West 35th St., Ste. 302 New York, NY 10001	STREET ADDRESS CITY - ST - ZIP	600074660186 05/16/06--01019--021 **500.00
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

4/20/06 212 758 5940
Date Daytime Phone #

STAPLE CHECK HERE