



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001244 1. Entity Name ROYAL PALM CAPITAL PARTNERS, LLLP					
Principal Place of Business 555 S. FEDERAL HWY., STE 200 BOCA RATON, FL 33432			Mailing Address 595 S FEDERAL HWY., STE 600 BOCA RATON, FL 33432		
2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. Suite 600		3. Mailing Address Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State		4. FEI Number 01-0765612	
Zip 33432		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, STE. 2800 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date. 100.00		
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 #	P02000071650		STREET ADDRESS	595 S. Federal Hwy # 600	
NAME	ROYAL PALM CAPITAL PARTNERS, INC.		CITY-ST-ZIP	Boca Raton, FL 33432	
STREET ADDRESS	555 S. FEDERAL HWY., STE 200				
CITY-ST-ZIP	BOCA RATON, FL 33432				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-26-05 561-955-7300 <small>Date Daytime Phone #</small>		

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