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ROYAL PALM CAPITAL PARTNERS, LLLP

Principal Place of Business 2650 NORTH MILITARY TRAIL, STE. 240

BOCA RATON FL 33431-7391



Mailing Address 2650 NORTH MILITARY TRAIL. STE. 240 BOCA RATON FL 33431-7391

FILED APR 30 M 10 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business 555 S. Federal Hux/ 595 S. Federal Hux					-livit	. I IBERON ION BRUG (1914) DRUM BRUM BRUM BRUM BRUM HONG (1914) BYBN BYBN GER		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				100	DUE BY MAY 1, 2003			
City & Stat				^ \n -		4. FEI Number Applied For O1 - 07 65612 Not Applicable		
Zip 334:	Country		Zip 3343ユ	Country	<u> </u>	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC.					- Name			
ONE SOUTHEAST THIRD AVENUE, STE. 2800				St	Street Address (P.O. Box Number is Not Acceptable)			
MIAM! FL	33131			<del>-</del>	-			
				Ci	ty	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								
9 Capital Co	Signature, typed or printed name of re	<del>`                                    </del>	T	al Contributio	ne	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
9. Capital Contributions as Shown on record.  \$100.00  10. Amount of Capital Contributions in FLORIDA to date.						SEE REVERSE SIDE FOR FEE INFORMATION		
						STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.		L PARTNER INFO	RMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	P02000071650 ROYAL PALM CAPITAL	PARTNERS IN	C	STREET ADE	DRESS 55	55 S. Federal Hwy #200		
STREET ADDRESS	CAPA MORTH AND TABLE OFF AAA							
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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 accordate 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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIAPLE CHEUN MEND