

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

192

**DOCUMENT # A05000001310**

1. Entity Name  
**ROYAL GULF, LTD**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 20 AM 8:49

Principal Place of Business  
3211 PONCE DE LEON BLVD. SUITE 202  
C/O NEWPORT PROPERTY VENTURES, LTD  
CORAL GABLES FL 33134

Mailing Address  
3211 PONCE DE LEON BLVD. SUITE 202  
C/O NEWPORT PROPERTY VENTURES, LTD  
CORAL GABLES FL 33134



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

*PS*

1st MOORE CR2E003 (10/05)

4. FEI Number **20-3106456** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEVENSON, FREDERIC L  
200 SOUTH BISCAYNE BLVD.  
SUITE 4900  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	L05000066284	STREET ADDRESS	
NAME	ROYAL GULF, LLC	CITY-ST-ZIP	
STREET ADDRESS	3211 PONCE DE LEON BLVD. SUITE 202		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	600066204116
NAME		CITY-ST-ZIP	02/28/06--01022--014 **1000.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:** *Constantine Scurtis* 01/25/06 (305) 446-0010