2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A05000001310

1. Entity Name

ROYAL GULF, LTD

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY 19 AM 8: 21

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD CORAL GABLES FL 33134	3211 PONCE DE LEON BLVD. SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD CORAL GABLES FL 33134
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E003 (10/07)

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	7. Name and Address of New Registered Agent
LEVENSON, FREDERIC L 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI FL 33131	Name: Martini, Gregory T. Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Road, Ste 1101 City: Coral Gables FL Zip Code: 33134

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] 2/20/2008
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, 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		
STREET ADDRESS	3211 PONCE DE LEON BLVD. SUITE 202	CITY-ST-ZIP	500129589186 05/15/08--01012--015 **500.00
CITY-ST-ZIP	CORAL GABLES FL 33134		
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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: [signature] Constantine J. Scurtis 2/19/08 (305)446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #