

**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 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
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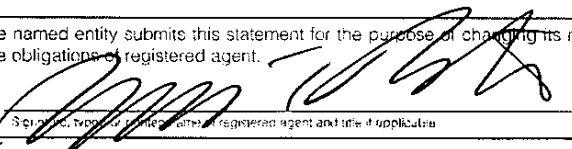
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 LEVENSON, FREDERIC L 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI FL 33131		7. Name and Address of New Registered Agent Name <u>Martini, Gregory T.</u> Street Address (P.O. Box Number ☒ Not Acceptable) <u>2655 Lejeune Road, Ste 1101</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>	
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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 2/20/2008

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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000066284 ROYAL GULF, LLC 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	 600129589186 05/15/08--01012--015 **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:

Constantine J. Scurtis

2/19/08 (305) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE